



COP 2017 Approval Meeting Out-brief Kenya

April 21, 2017



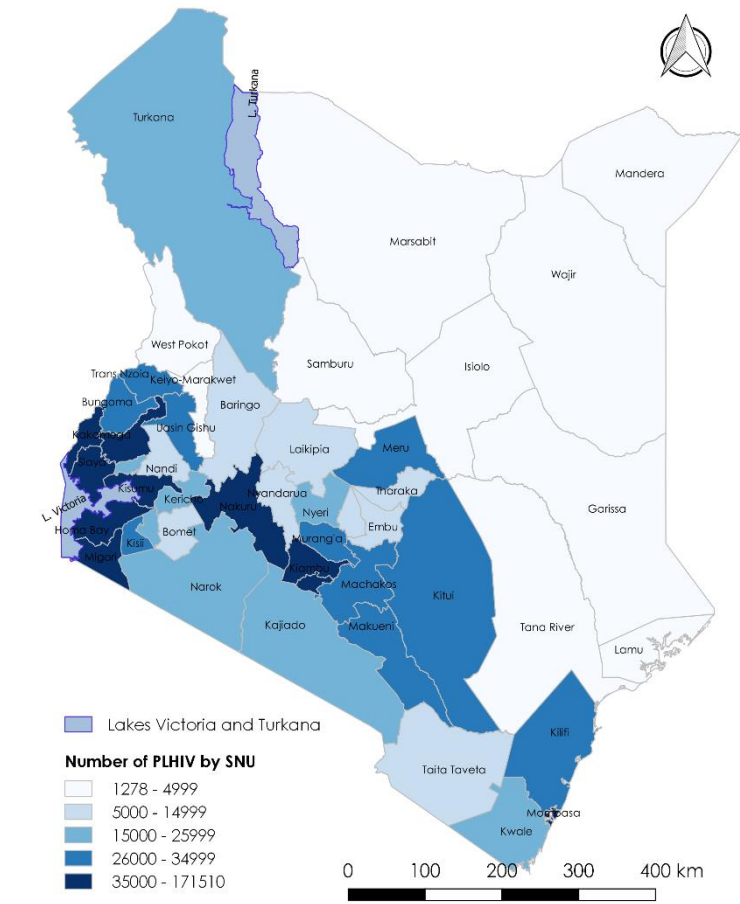
PLEASE NOTE

All PEPFAR FY 2017 Q2 program results and achievements included within this presentation were based upon preliminary reporting and may differ from the final submission results. Final FY 2017 Q2 results, as well as past and future quarterly and annual PEPFAR program results, can be accessed on the PEPFAR Dashboard at <http://data.pepfar.net>.

Overview of the HIV Epidemic in Kenya

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

HIV Epidemic in Kenya



	COP16	COP17
Indicator	2015 projection (2014 estimate)	2016 projection (2015 estimate)
Total PLHIV	1,366,923	1,517,705
-Child PLHIV	159,731	98,169
-Adult PLHIV	1,207,668	1,419,536
New Infections	69,745	77,648*
-Adult	42,326	71,034
Need for PMTCT	74,764	79,477

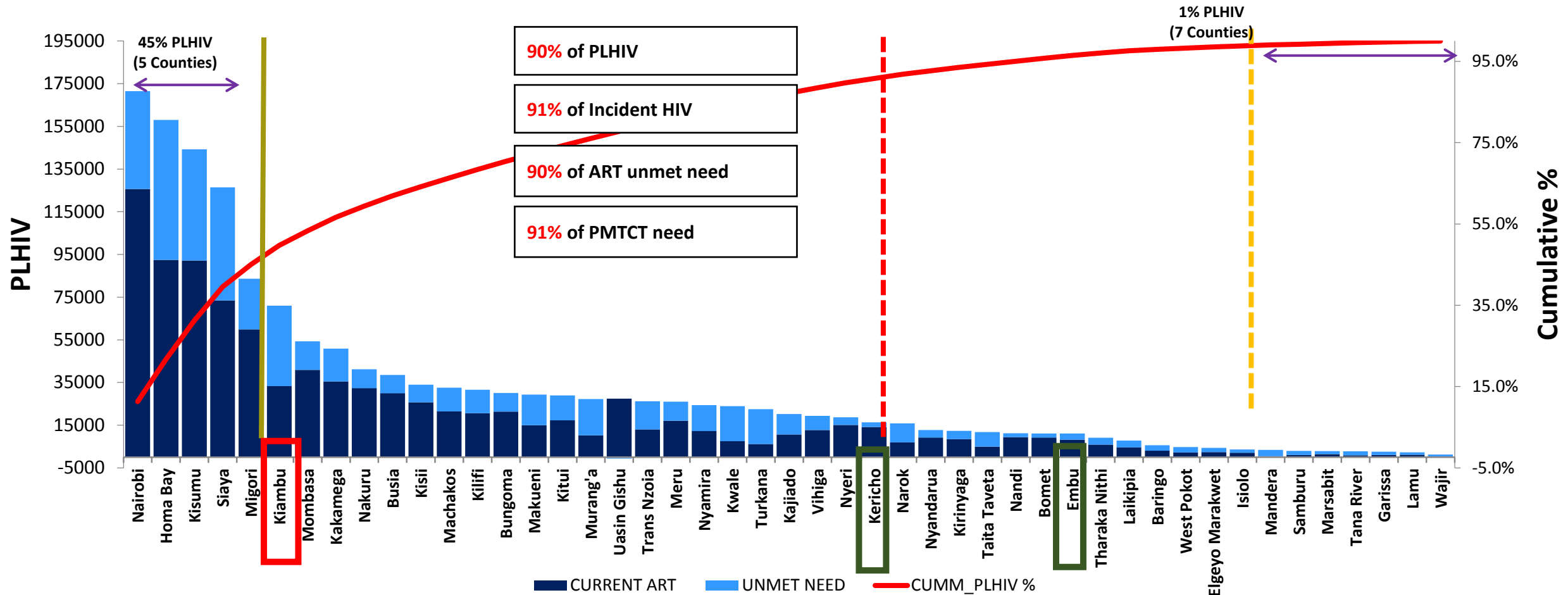
***46% of all new HIV infections occurred in 15-24 year olds**

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

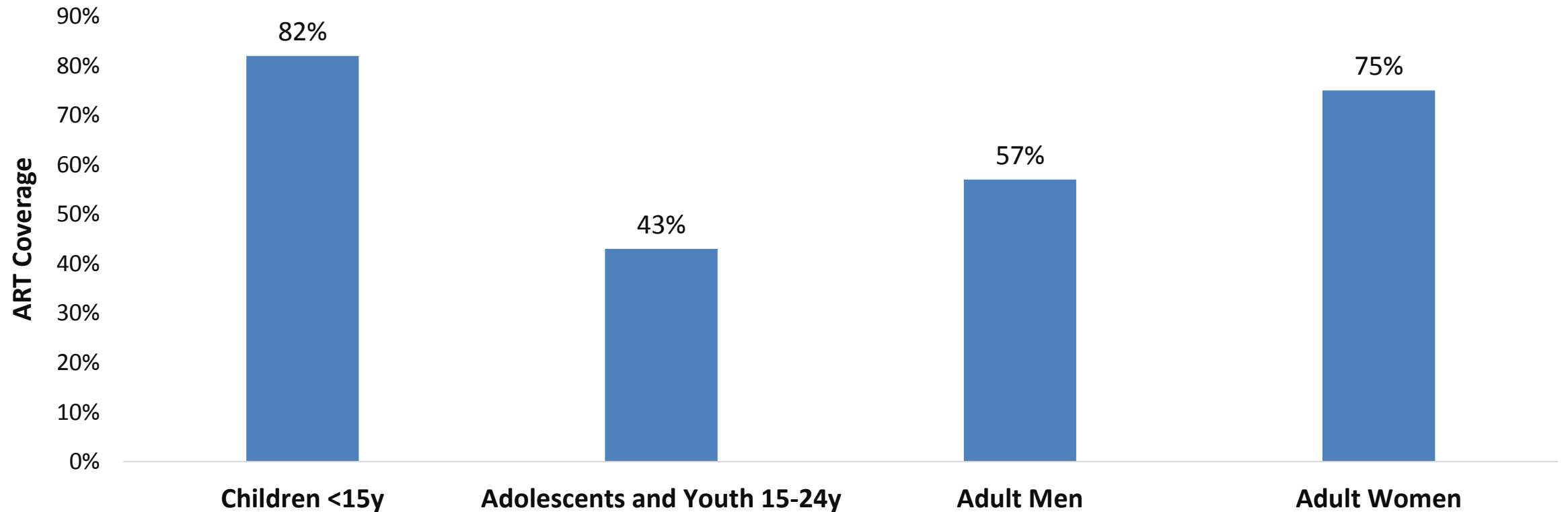
EPI Analysis for COP 2017

1,361,719 PLHIV (increase 126,654)
90% PLHIV (27 counties)

155,988 PLHIV (increase 24,274)
10% PLHIV (20 counties)



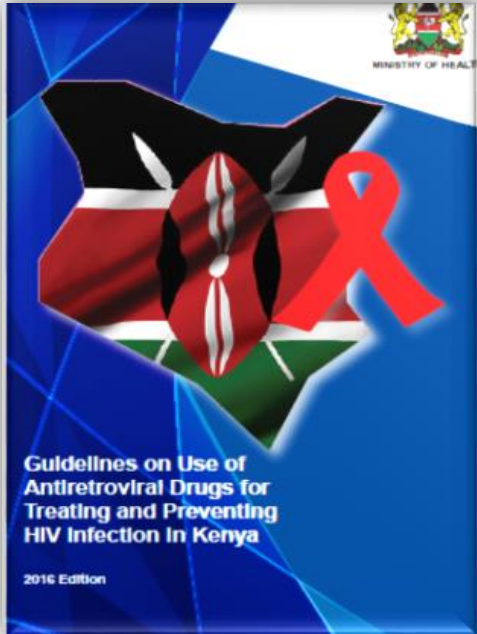
Analysis of ART Coverage in Kenya September 2016



The background of the slide features a dark, muted world map. A prominent red ribbon graphic, resembling a stylized 'X' or a folded piece of fabric, is positioned on the right side, partially overlapping the map. The text is centered in the middle of the slide.

Status Overview: COP 2016 implementation and country context

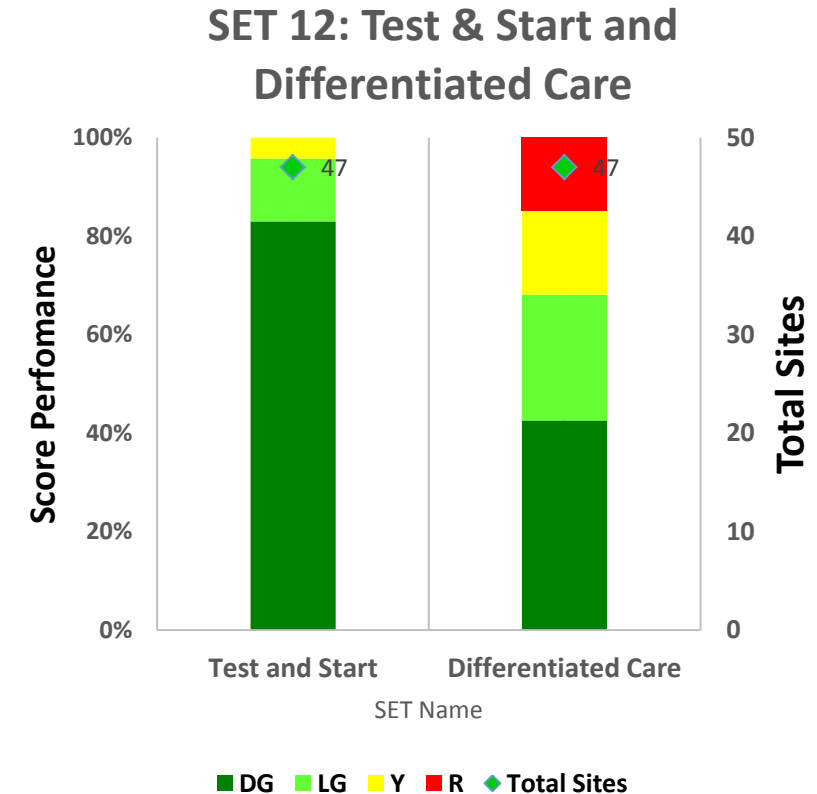
Policy Overview



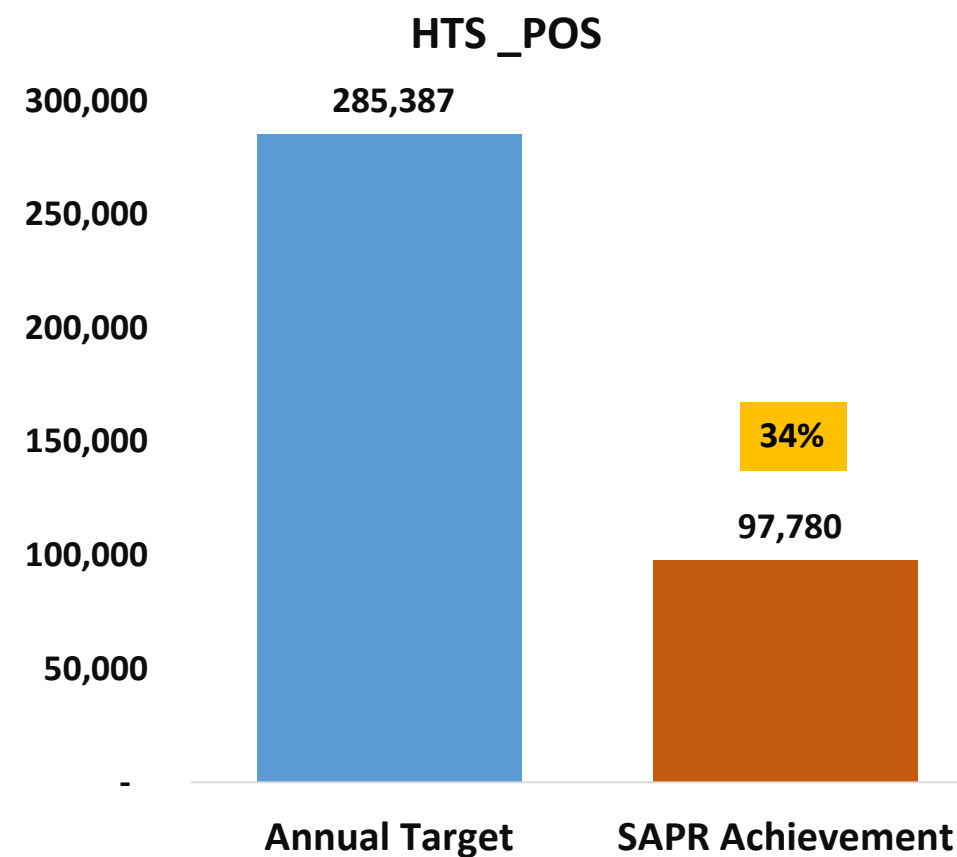
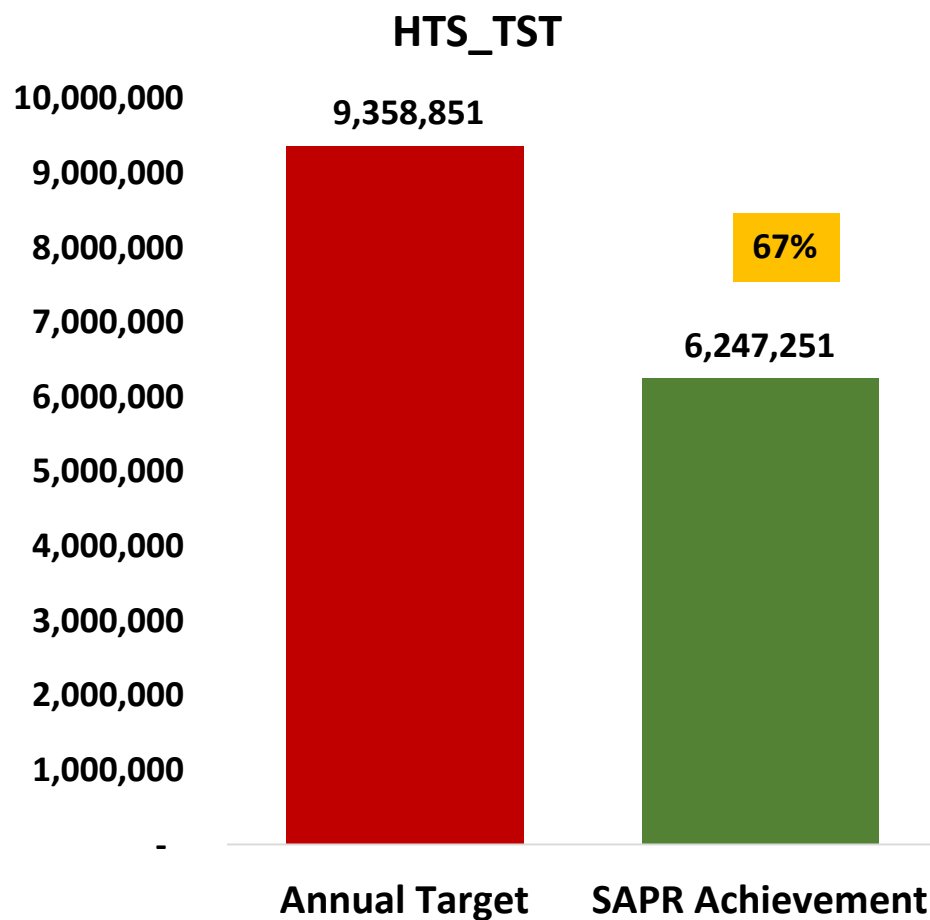
- Test and start guidelines rolled out July 15, 2016
- Optimization of same day ART initiation ongoing
- Expansion of differentiated models of care ongoing

PrEP: Guidelines to be launched May 5, 2017

HIV Self Testing: Guidelines to be launched by July 2017



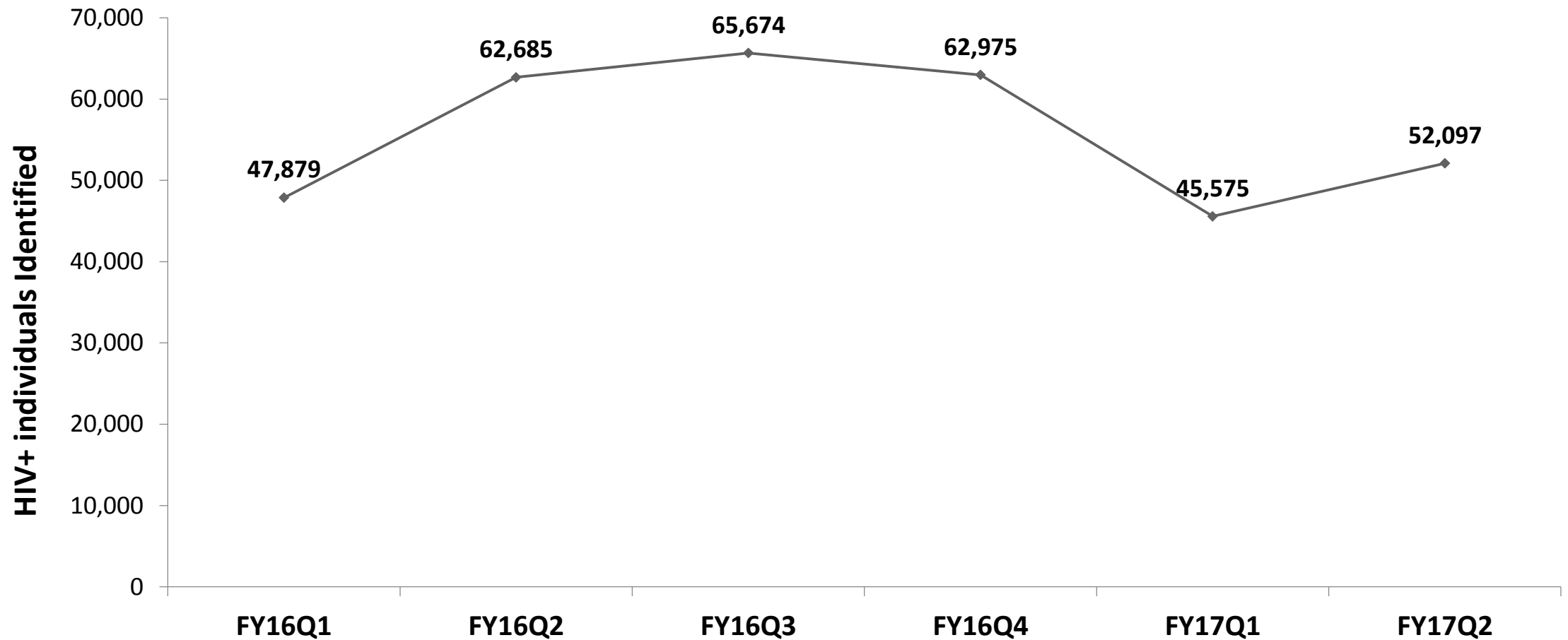
FY17 Q2 – HIV Testing Performance*



** Please note that all PEPFAR FY 2017 Q2 program results and achievements in presentation are based on preliminary reporting and may differ from final submission results. Final results can be accessed via PEPFAR Dashboard at <http://data.pepfar.net>.*

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

HTS_POS Trend Analysis: FY16Q1-FY17Q2*

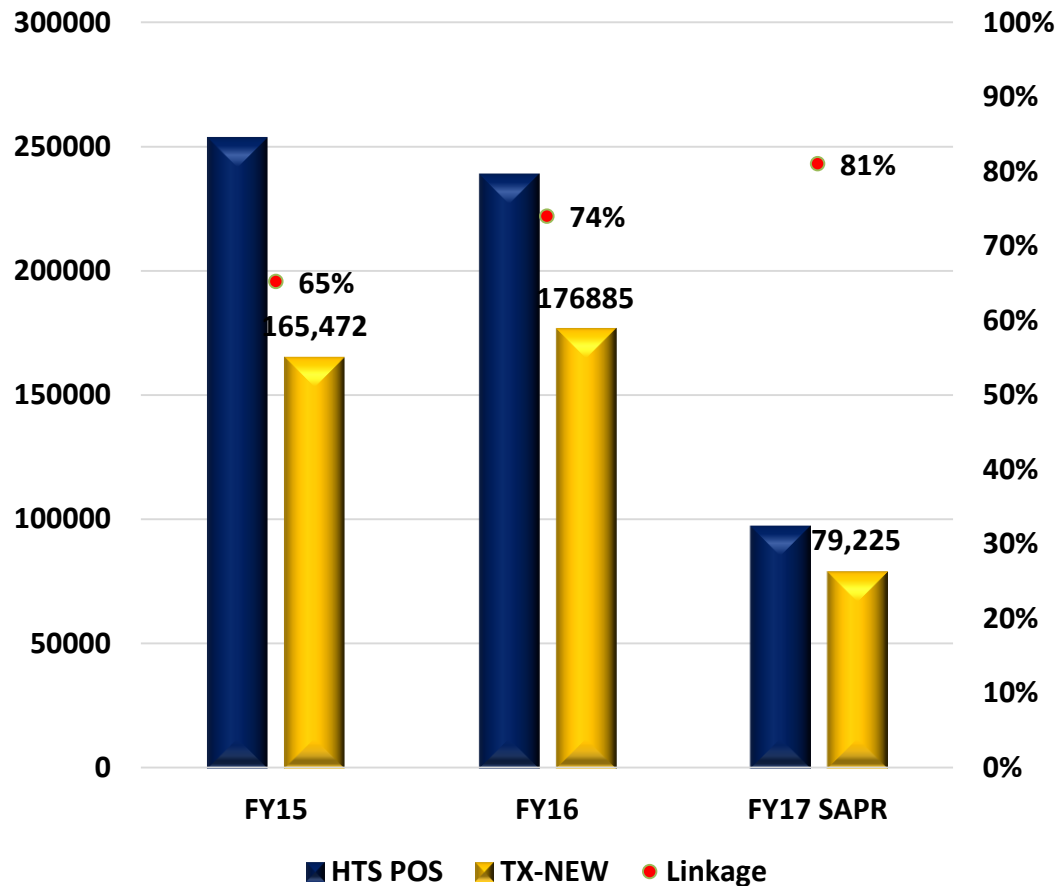


** Please note that all PEPFAR FY 2017 Q2 program results and achievements in presentation are based on preliminary reporting and may differ from final submission results. Final results can be accessed via PEPFAR Dashboard at <http://data.pepfar.net>.*

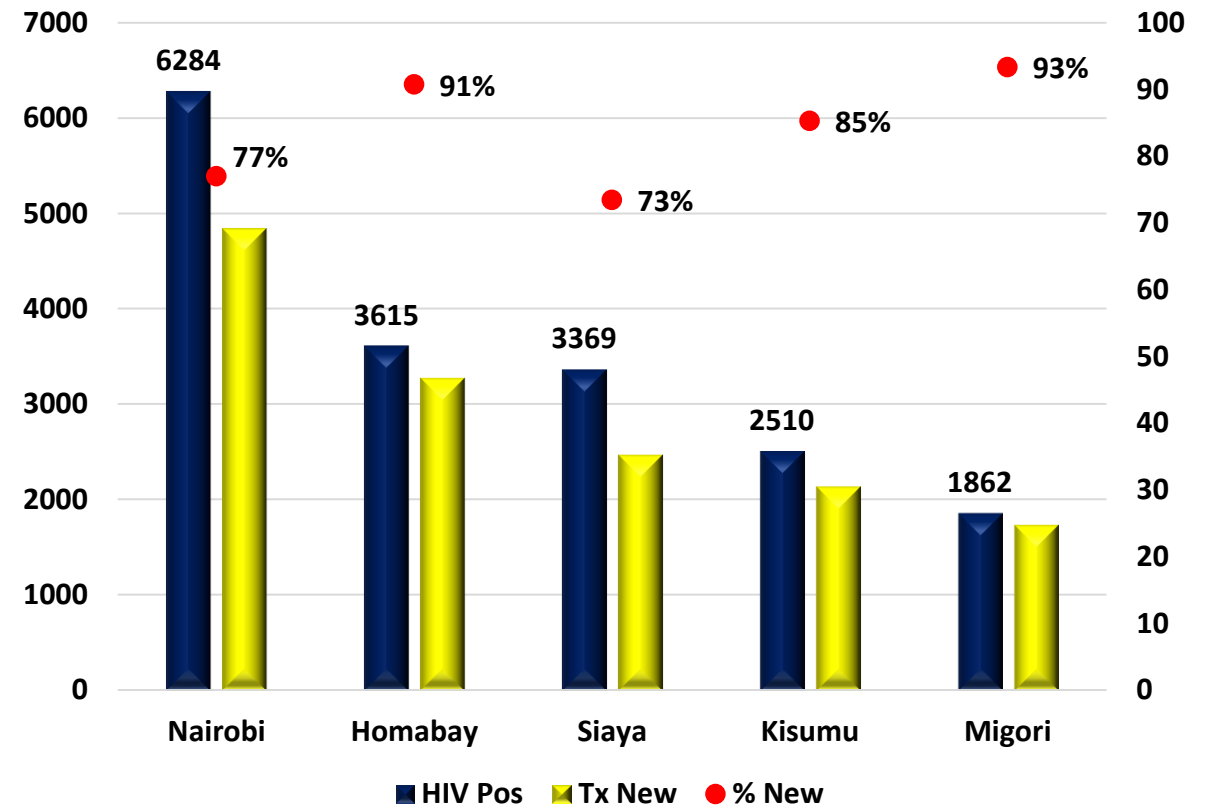
A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

Linkage to ART*

Linkage to Treatment FY15 to FY17 Q2

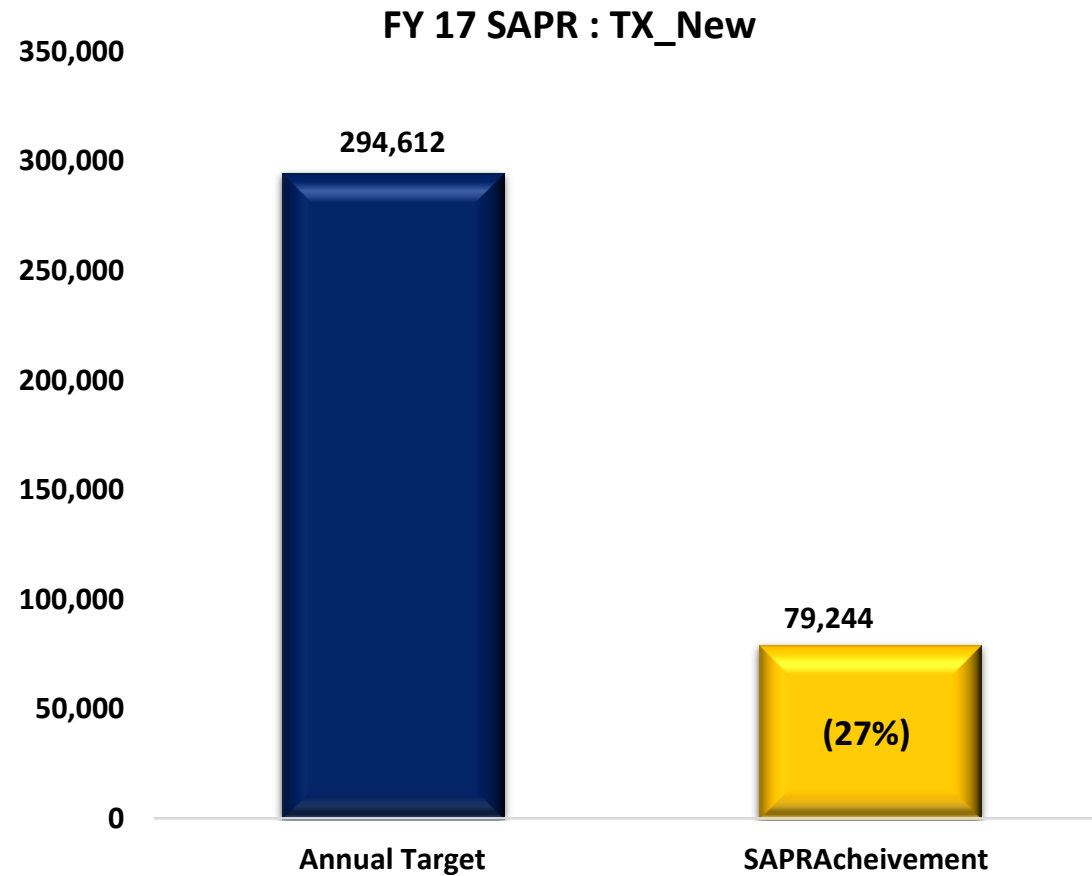


Linkage to treatment in 5 high burden counties FY17 Q1



* Please note that all PEPFAR FY 2017 Q2 program results and achievements in presentation are based on preliminary reporting and may differ from final submission results. Final results can be accessed via PEPFAR Dashboard at <http://data.pepfar.net>.

FY17 Q2 TX New*



Overall performance

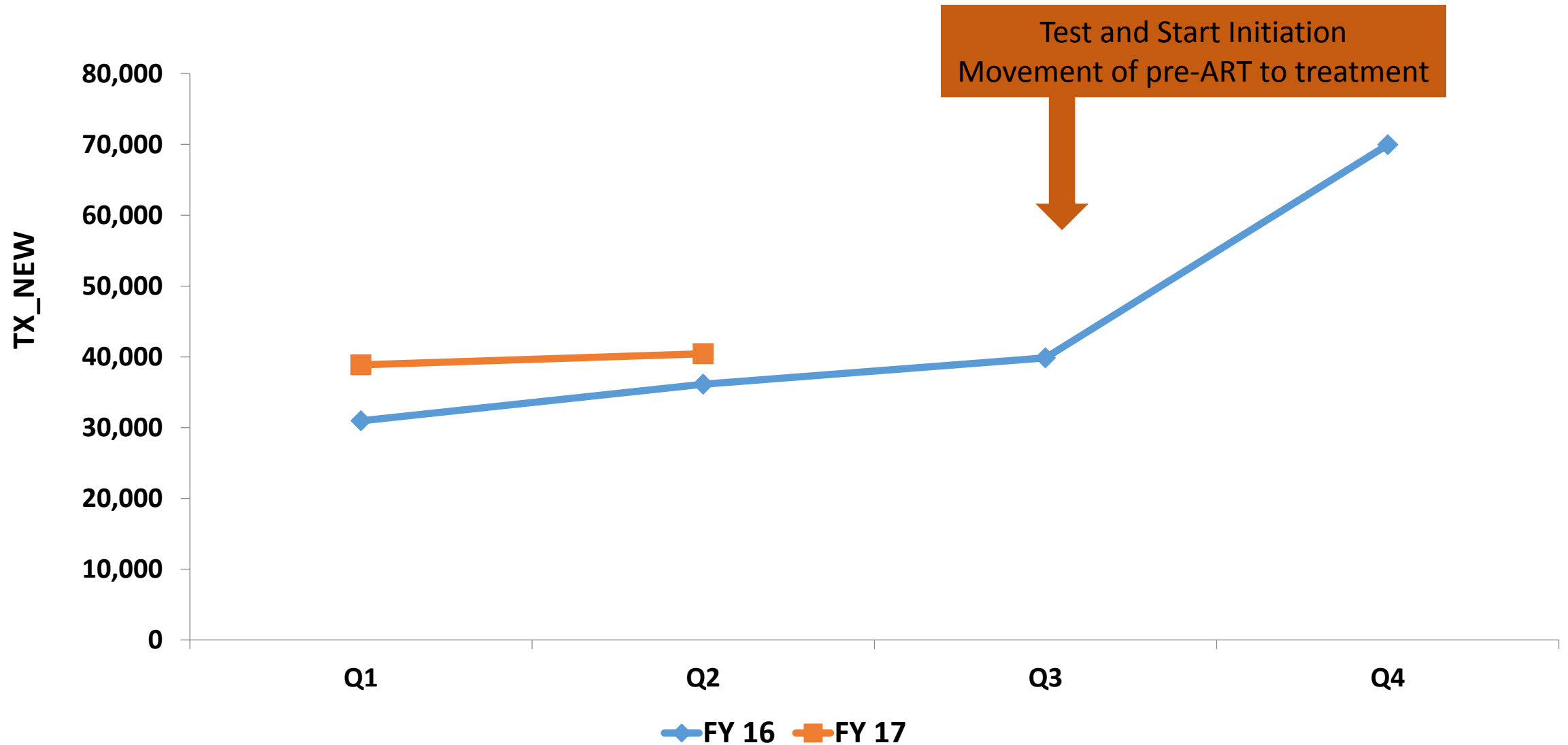
- HTS_pos achievement 34%
- Tx-new achievement 27%

Forward plans

- Optimization
- Sustain high linkage rates

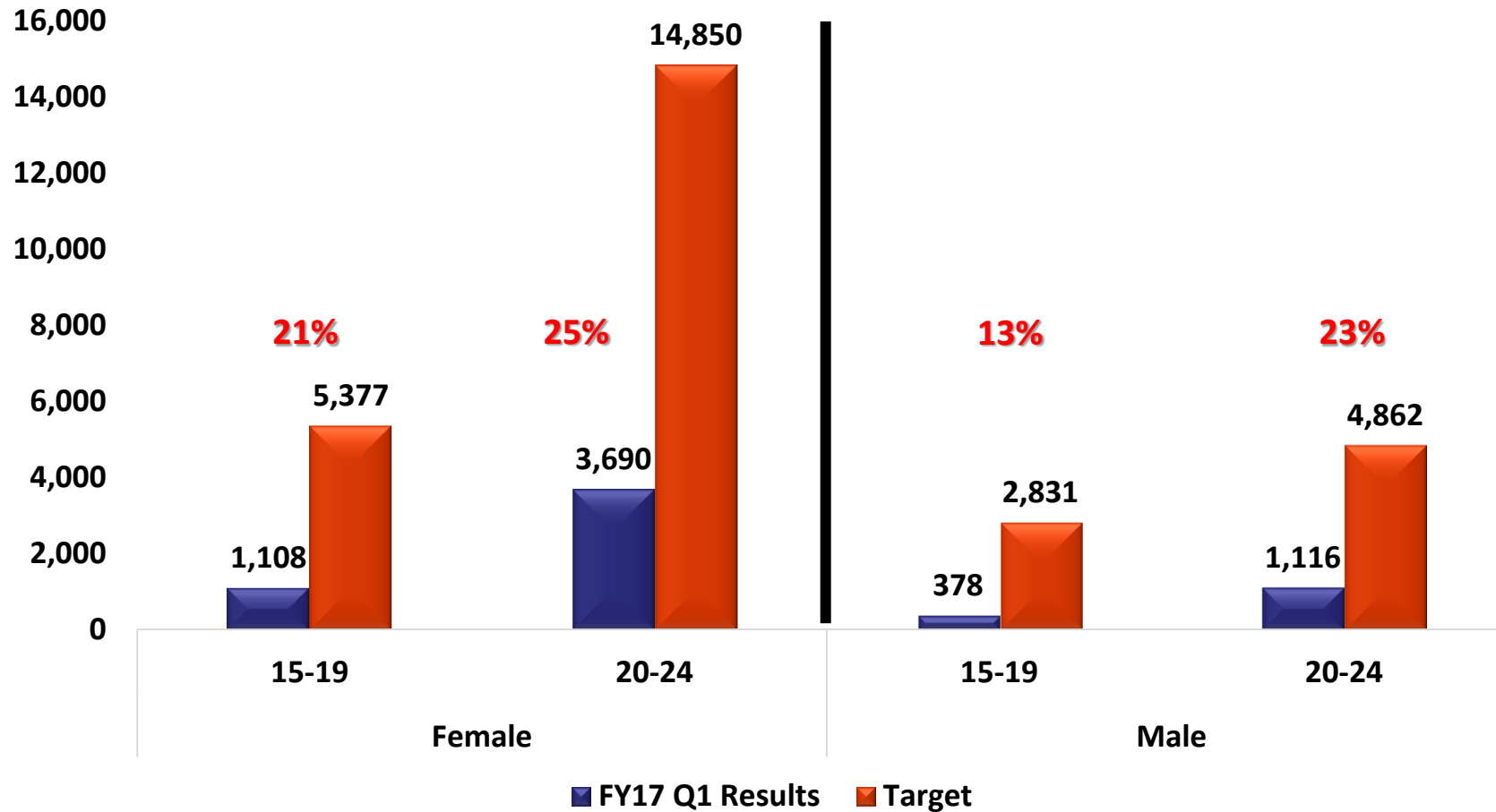
** Please note that all PEPFAR FY 2017 Q2 program results and achievements in presentation are based on preliminary reporting and may differ from final submission results. Final results can be accessed via PEPFAR Dashboard at <http://data.pepfar.net>.*

TX_NEW trend analysis: FY16 Q1 to FY17 Q2*



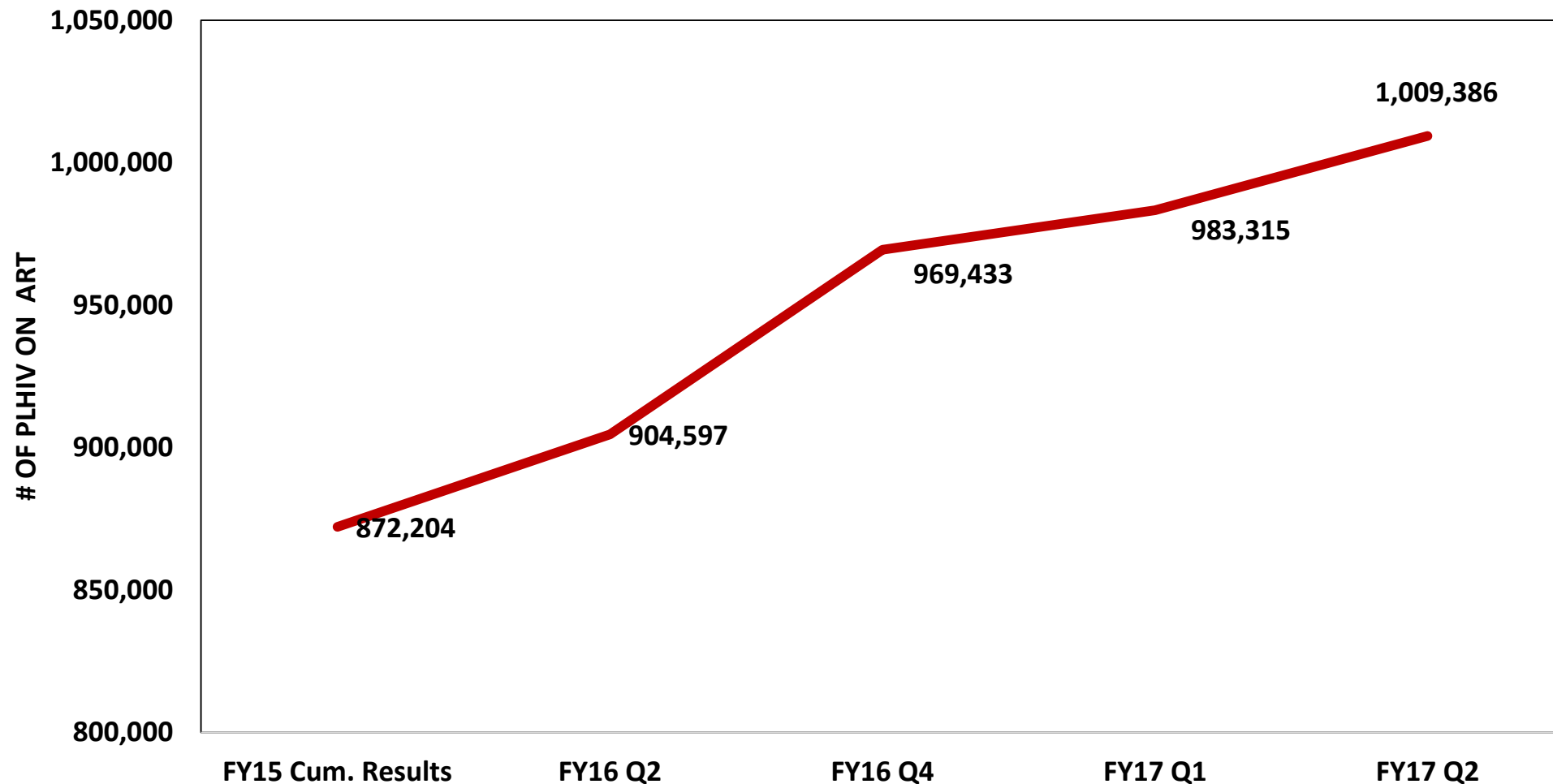
* Please note that all PEPFAR FY 2017 Q2 program results and achievements in presentation are based on preliminary reporting and may differ from final submission results. Final results can be accessed via PEPFAR Dashboard at <http://data.pepfar.net>.

TX-NEW FY17Q1: By Age & Sex



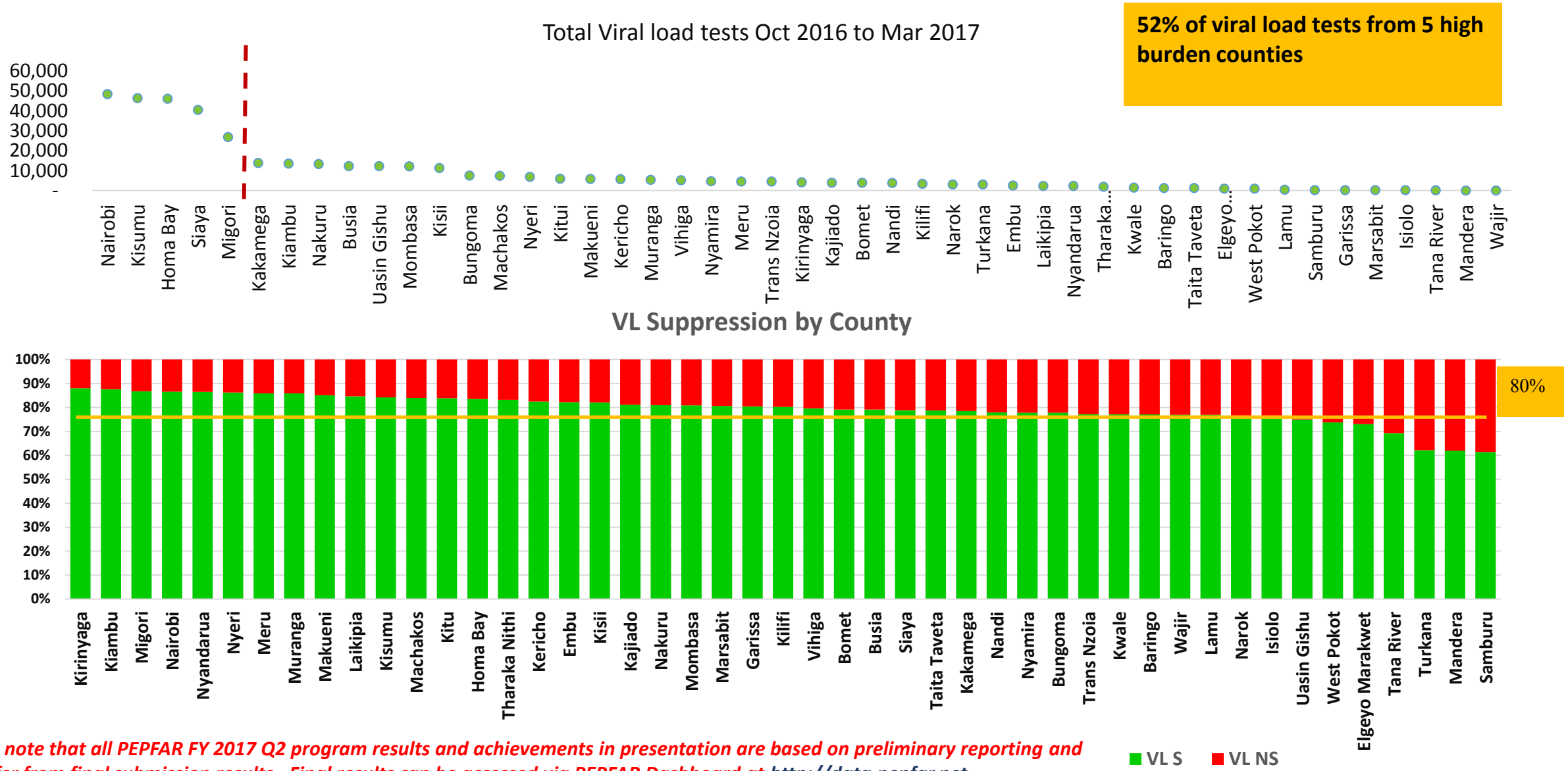
A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

TX CURR trend analysis: FY16 Q1-FY17 Q2*



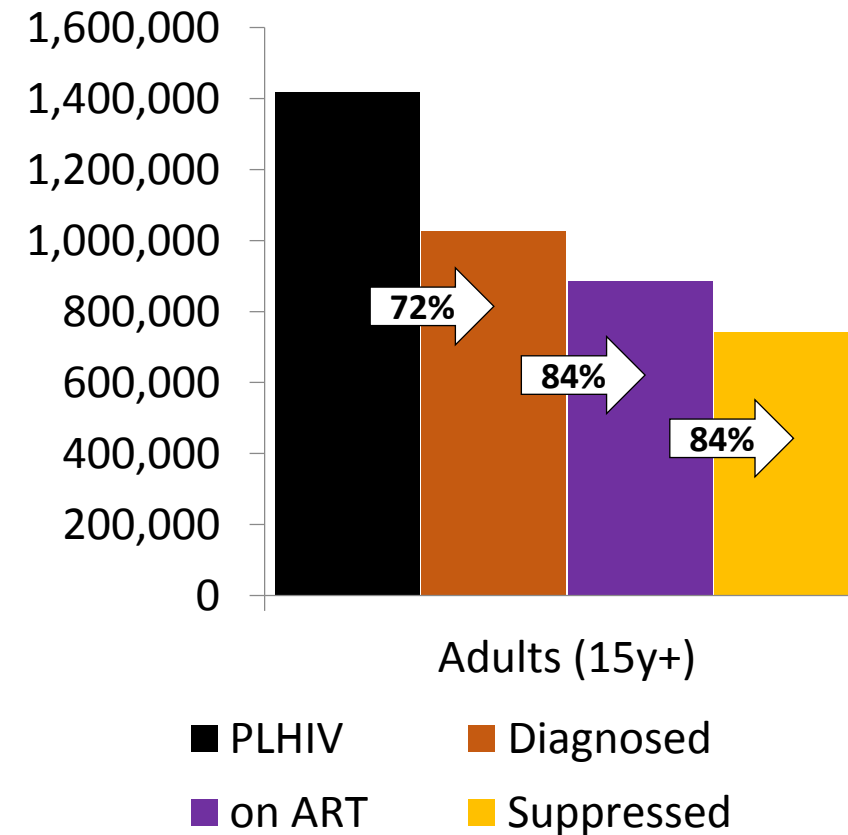
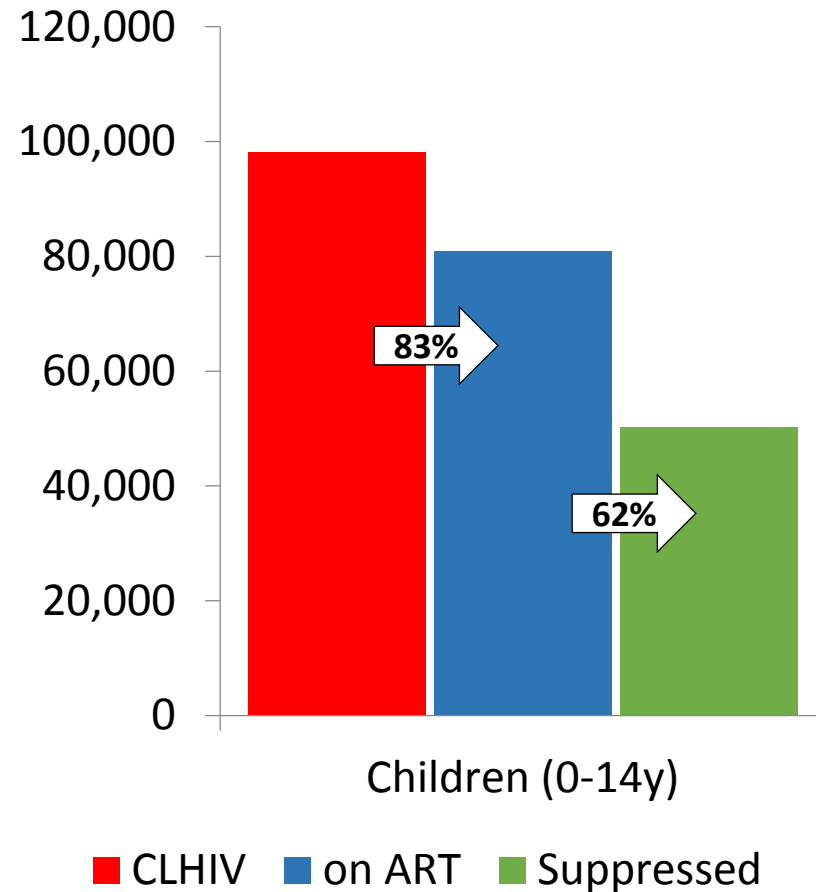
** Please note that all PEPFAR FY 2017 Q2 program results and achievements in presentation are based on preliminary reporting and may differ from final submission results. Final results can be accessed via PEPFAR Dashboard at <http://data.pepfar.net>.*

Viral load Tests & Suppression by County*



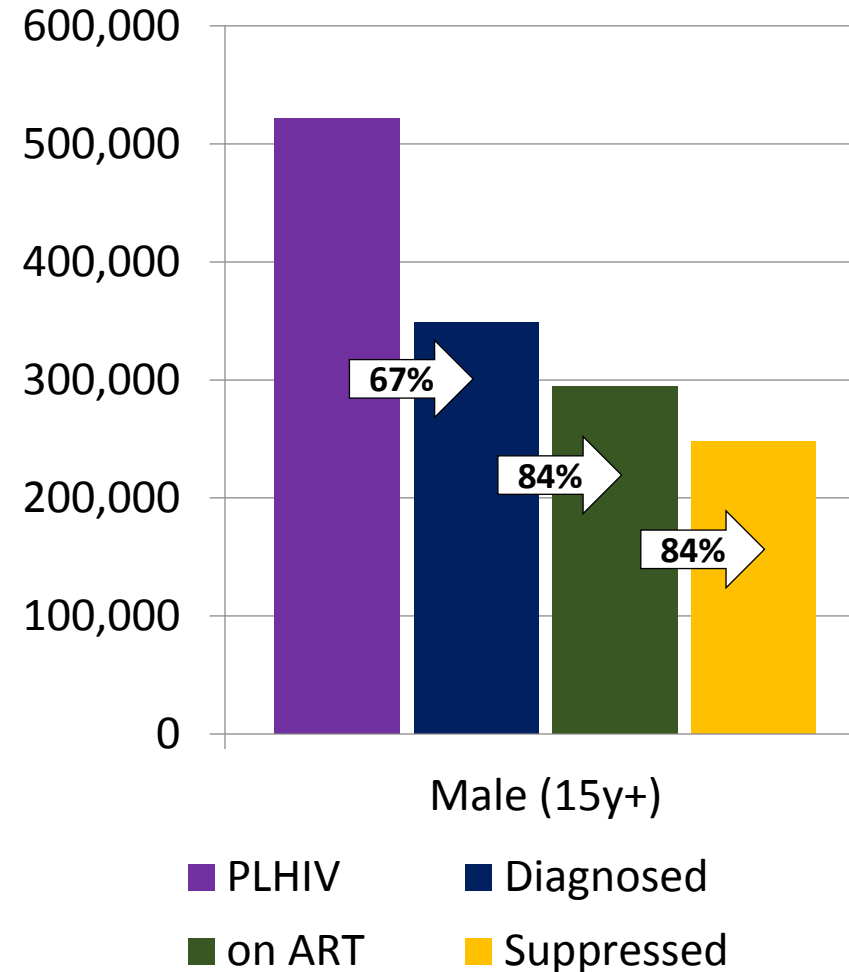
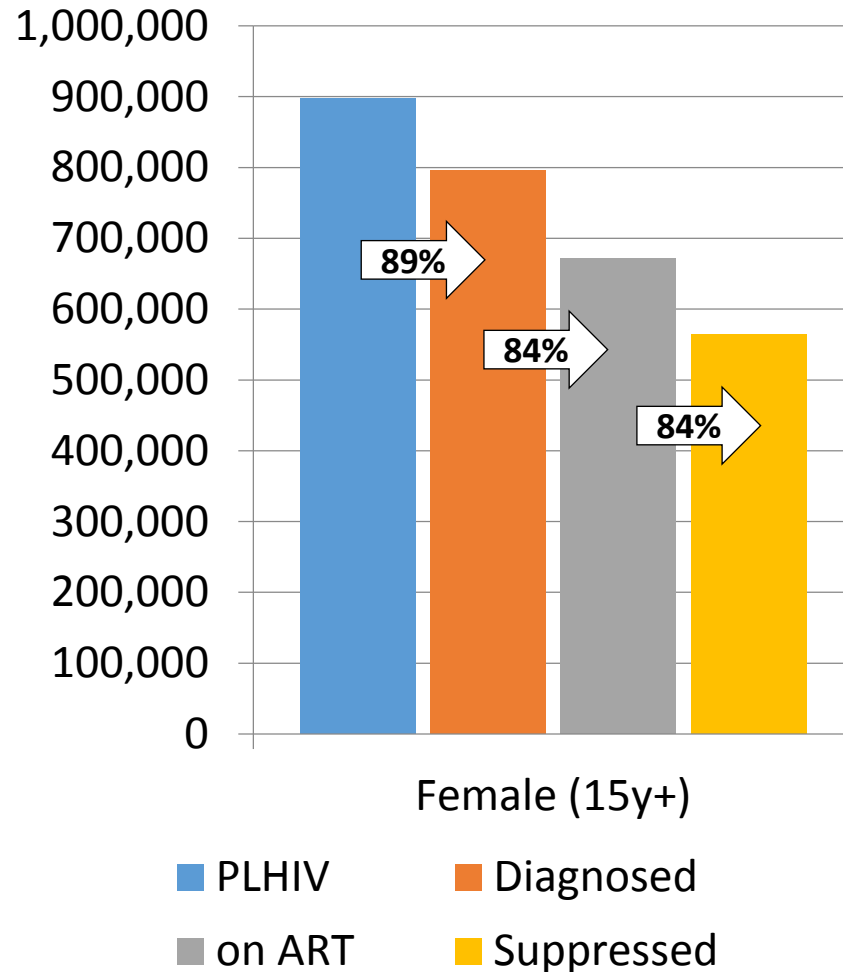
FY16 Clinical Cascades by Age Bands

82% ART Coverage for Children and 62 % ART Coverage for Adults



FY16 Adult Clinical Cascades by Sex

75% ART coverage for Women and 57% ART coverage for Men



Summary of FY17 Q2 Achievements*

Indicator	FY17 Target	SAPR achieved	% achieved against FY17 APR target
HTS_TST	9,358,851	6,247,251	67%
HTS_TST_POS	28,5387	97,672	34%
TX_NEW	29,4512	79,244	27%
TX_CURR	1,160,353	1,009,386	87%
NET_NEW	190,920	39,953	21%
PMTCT_STAT	1,328,414	51,8311	39%
PMTCT_STAT_POS	66,486	26,867	40%
PMTCT_ART	71,619	26,221	37%
VMMC	240,000	100,044	42%
DREAMS	180,000	90750	50%
PrEP	16,125	890	6%

* Please note that all PEPFAR FY 2017 Q2 program results and achievements in presentation are based on preliminary reporting and may differ from final submission results. Final results can be accessed via PEPFAR Dashboard at <http://data.pepfar.net>.

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

The background of the slide features a dark, muted blue world map. A prominent red ribbon graphic, resembling a stylized infinity symbol or a continuous loop, is positioned on the right side of the image, partially overlapping the map. The text "COP 2017 Strategy" is centered in the middle of the slide in a white, sans-serif font.

COP 2017 Strategy

External Stakeholder Engagement

Meetings

Pre-COP launch; COP17 launch; offsite retreat; pre- and post-DCMM meetings; pre-COP17 review meeting; (*post review*) quarterly NASCOP-led stakeholder meetings

Stakeholder Feedback

Concern	Solution
<u>Key Populations</u> National size estimate; MSM/FSW targets; Stigma index	National population size estimate (without biometrics) included in COP17; include additional targets and stigma index in GF request
Innovative testing strategies	Maximize/scale-up efficacious testing strategies
Sustainability/Systems Strengthening	DATIM4U; county governor engagement

Way Forward

Finalize GF request; engage other donors; capitalize on successes; incorporate “layering” concept in service delivery to hard-to-reach populations

COP 2016 vs COP 2017 Budget Code Totals

Technical Area	Budget Code	Total Funding - COP 2016	Technical Area	Budget Code	Total Funding - COP 2017
Prevention	CIRC	\$11,564,862	Prevention	CIRC	\$11,077,579
Prevention	HMBL	\$2,545,997	Prevention	HMBL	\$2,549,848
Prevention	HMIN	\$1,647,033	Prevention	HMIN	\$1,564,088
Prevention	HVAB	\$2,759,143	Prevention	HVAB	\$4,948,083
Prevention	HVCT	\$30,096,956	Prevention	HVCT	\$50,151,163
Prevention	HVOP	\$14,589,698	Prevention	HVOP	\$42,648,362
Prevention	IDUP	\$3,858,350	Prevention	IDUP	\$2,311,879
Prevention	MTCT	\$23,899,138	Prevention	MTCT	\$23,261,320
Care	HBHC	\$43,879,859	Care	HBHC	\$12,074,613
Care	HKID	\$31,870,736	Care	HKID	\$32,024,882
Care	HVTB	\$14,795,178	Care	HVTB	\$11,822,051
Care	PDCS	\$8,944,928	Care	PDCS	\$1,490,996
Treatment	HTXD	\$92,654,295	Treatment	HTXD	\$63,397,526
Treatment	HTXS	\$109,812,706	Treatment	HTXS	\$162,908,055
Treatment	PDTX	\$20,955,544	Treatment	PDTX	\$13,775,616
Management and Operations	HVMS	\$22,429,246	Management and Operations	HVMS	\$14,986,640
Governance and Systems	HLAB	\$13,968,175	Governance and Systems	HLAB	\$13,988,401
Governance and Systems	HVSI	\$24,883,941	Governance and Systems	HVSI	\$25,193,399
Governance and Systems	OHSS	\$9,620,084	Governance and Systems	OHSS	\$9,356,846
Subtotal: Prevention, Treatment and Care		\$413,874,423	Subtotal: Prevention, Treatment and Care		\$436,006,061
Total: All Program Areas		\$484,775,869	Total: All Program Areas		\$499,531,347

Source: FACTS Info (data pulled April 11, 2017)

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

COP 2017 Agency Allocations and Pipeline

	New FY 2017 Funding (all accounts)	Applied Pipeline	Total Planning Level
DoD	\$18,199,666	\$1,127,860	\$19,327,526
HHS/CDC	\$207,767,057	\$0	\$207,767,057
HHS/HRSA	\$3,634,401	\$0	\$3,634,401
Peace Corps	\$964,428	\$308,764	\$1,273,192
State	\$1,386,565	\$0	\$1,386,565
USAID	\$267,579,230	\$56,373,190	\$323,952,420
Total	\$499,531,347	\$57,809,814	\$557,341,161

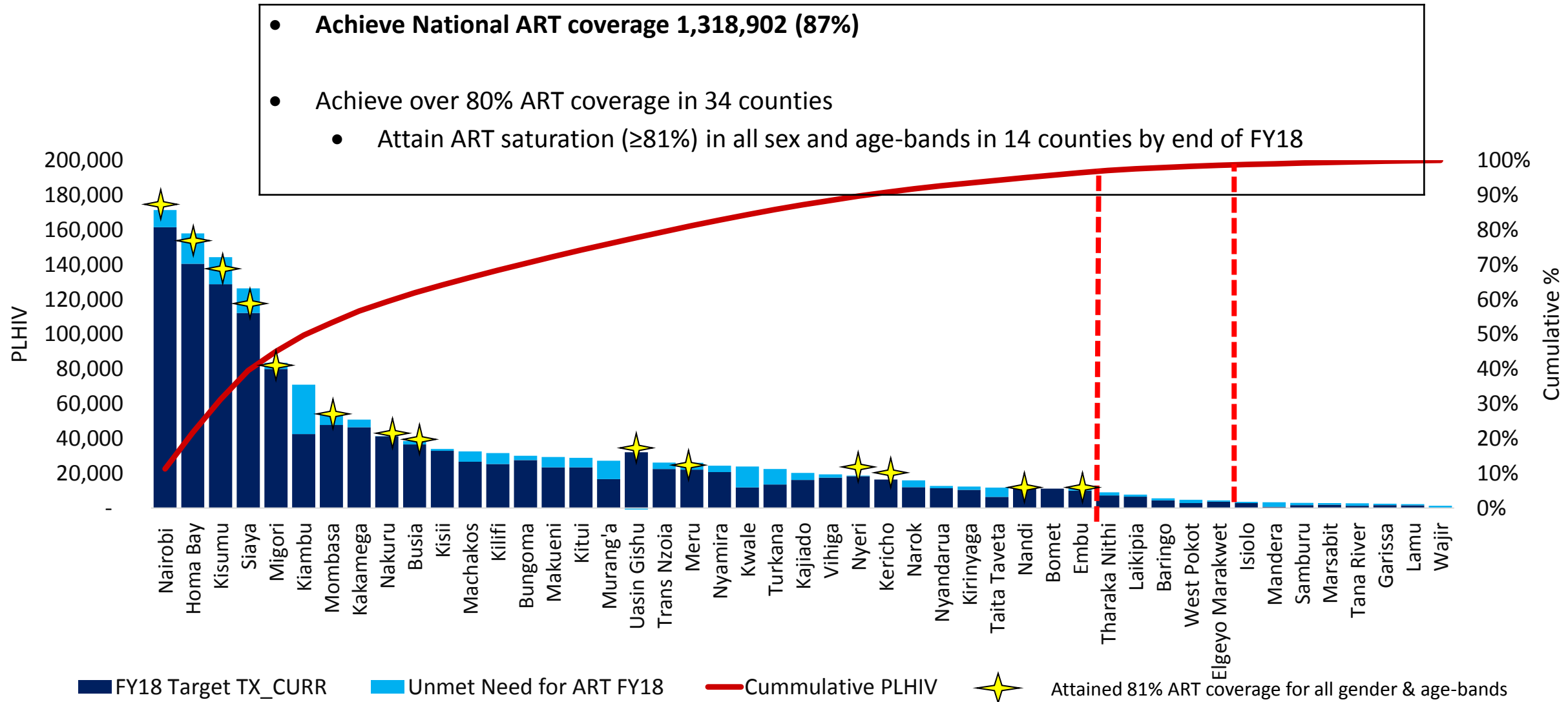
- COP17 Minimum Pipeline Requirement: **\$57,809,299**

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

Earmark Allocations

- New FY 2017 funds allocated to care and treatment: \$287,492,602
 - COP 2017 requirement: \$284,260,756
- New FY 2017 funds allocated to OVC: \$32,024,882
 - COP 2017 requirement: \$31,870,736
- New FY 2017 funds allocated to water: \$300,000
 - COP 2017 requirement: \$200,000
- New FY 2017 funds allocated to GBV: \$5,760,464
 - COP 2017 requirement: \$3,345,000

COP 2017 Pivot



A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

Summary of COP 2017 Targets by Prioritization

COP17 Priority	COP17 Target (APR18) HTC_Test	COP17 Target (APR18) HTC_Pos	COP17 Target (APR18) Tx_New	COP17 Target (APR18) Tx_CURR	COP17 Target (APR18) OVC_Serv	COP17 Target (APR18) KP_Prev	COP17 Target (APR18) PP_Prev	COP17 Target (APR18) VMMC
TOTAL	13,243,938	286,272	274,680	1,318,902	823,534	178,143	604,024	300,000
Attained	160,490	3,402	3,307	26,410	29,733	2,166	0	10,410
Saturation	10,392,492	238,624	228,372	1,106,610	668,425	146,985	553,843	240,344
Aggressive	2,232,809	37,406	36,295	155,943	110,988	27,686	20,182	39,755
Sustained	413,590	5,870	5,838	25,743	14,014	1,306	0	8,401
Other	44,557	970	870	4,196	374	0	30,000	1,090
...								

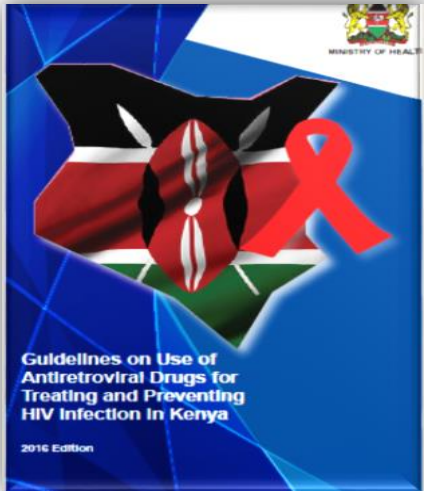
Summary of COP 2017 ART Coverage: Attained

County	Males<15		Female<15		Males 15-24		Females 15-24		Male 25+		Female 25+		FY18 TX CURR	FY18 TX New
Nairobi	4,112	100%	4,112	100%	8,015	87%	14,220	98%	47,276	87%	83,871	98%	161,606	36,159
Homa Bay	4,663	99%	4,663	99%	12,114	81%	18,621	94%	39,615	81%	60,896	94%	140,572	38,007
Kisumu	4,085	95%	4,085	95%	11,058	81%	17,179	95%	36,163	81%	56,181	95%	128,751	30,369
Siaya	3,691	98%	3,691	98%	9,687	81%	14,873	94%	31,679	81%	48,640	94%	112,261	36,170
Migori	2,815	113%	2,815	113%	6,407	81%	11,023	105%	20,951	81%	36,047	105%	80,058	12,787
Mombasa	1,692	85%	1,692	85%	3,043	102%	5,874	82%	12,112	102%	23,380	82%	47,793	3,927
Nakuru	1,752	90%	1,752	90%	1,890	82%	4,342	112%	9,547	82%	21,935	112%	41,218	4,419
Busia	1,406	95%	1,406	95%	1,516	82%	3,527	102%	8,646	82%	20,121	102%	36,622	3,998
Uasin Gishu	1,264	100%	1,264	100%	1,551	104%	3,340	133%	7,833	104%	16,873	133%	32,125	2,356
Meru	913	110%	913	110%	1,314	87%	2,994	82%	4,874	87%	11,107	82%	22,115	3,973
Nyeri	551	160%	551	160%	575	122%	1,198	87%	4,998	121%	10,415	87%	18,288	2,543
Kericho	696	90%	696	90%	822	90%	1,655	108%	4,152	90%	8,361	108%	16,382	2,052
Nandi	477	90%	477	90%	528	84%	1,168	111%	2,666	84%	5,900	111%	11,216	1,258
Embu	356	100%	356	100%	583	91%	1,395	89%	2,162	91%	5,176	89%	10,028	1,255

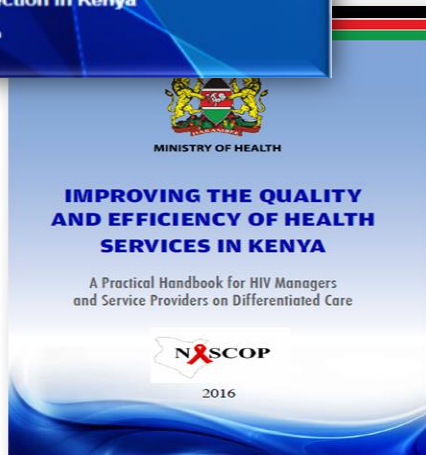
A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

Reaching the Second 90

Age- and Sex-appropriate HIV Treatment Services



- Test and start
- Same day ART initiation



- Expansion of differentiated models of care to improve quality

- **Male-friendly clinic appointment management**
 - Extended clinic hours (evenings, weekends)
 - Male wellness clinics
- **Adolescents and Youth friendly clinics**
 - Dedicated spaces
 - Flexible clinic hours- evening, weekend
 - Adolescent package of care
 - Treatment support for those in school
- **mHealth technologies**
 - Phone and SMS reminders
- **HIV exposed infant cohort analysis**
 - Mother baby pair follow up (for infants < 1 year)

Rollout of More Efficacious and Safer ARVs: Support Dolutegravir Phase-in

Superior Efficacy

Well Tolerated

Forgiving and Convenient

High Barrier to Resistance

Cost neutral

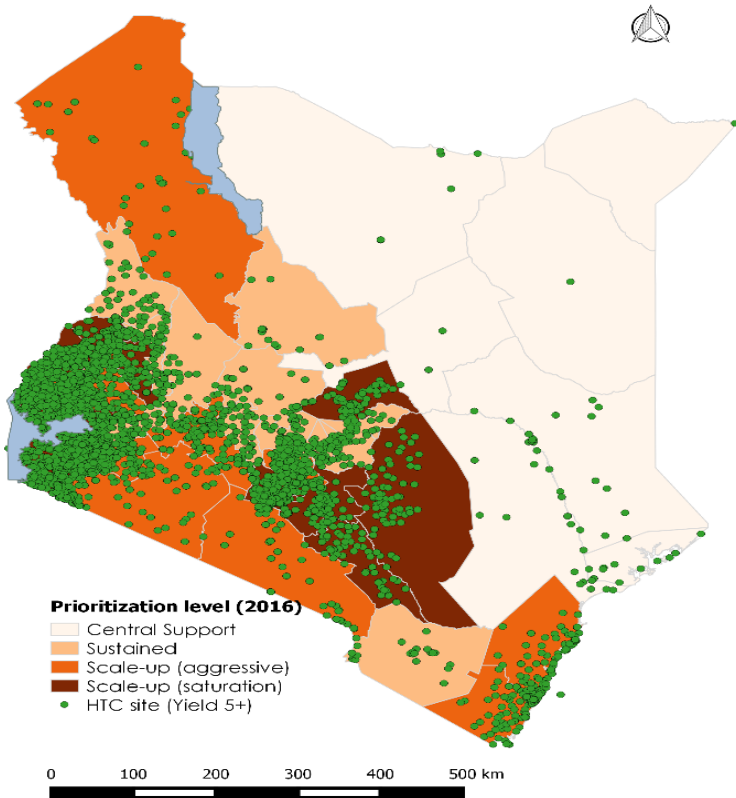
- DTG already included in the guidelines targeting clients who cannot tolerate EFV.
- Kenya has received DTG donation for the first batch of 20,000 patient (already part of National FY17 F&Q)
- Surveillance will be enhanced to document acceptability and outcomes of patients on DTG and other ARVs (project OPTIMIZE)
- Phased rollout of TLD in FY18

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

First 90: HTS Targets For HIV Epidemic Control

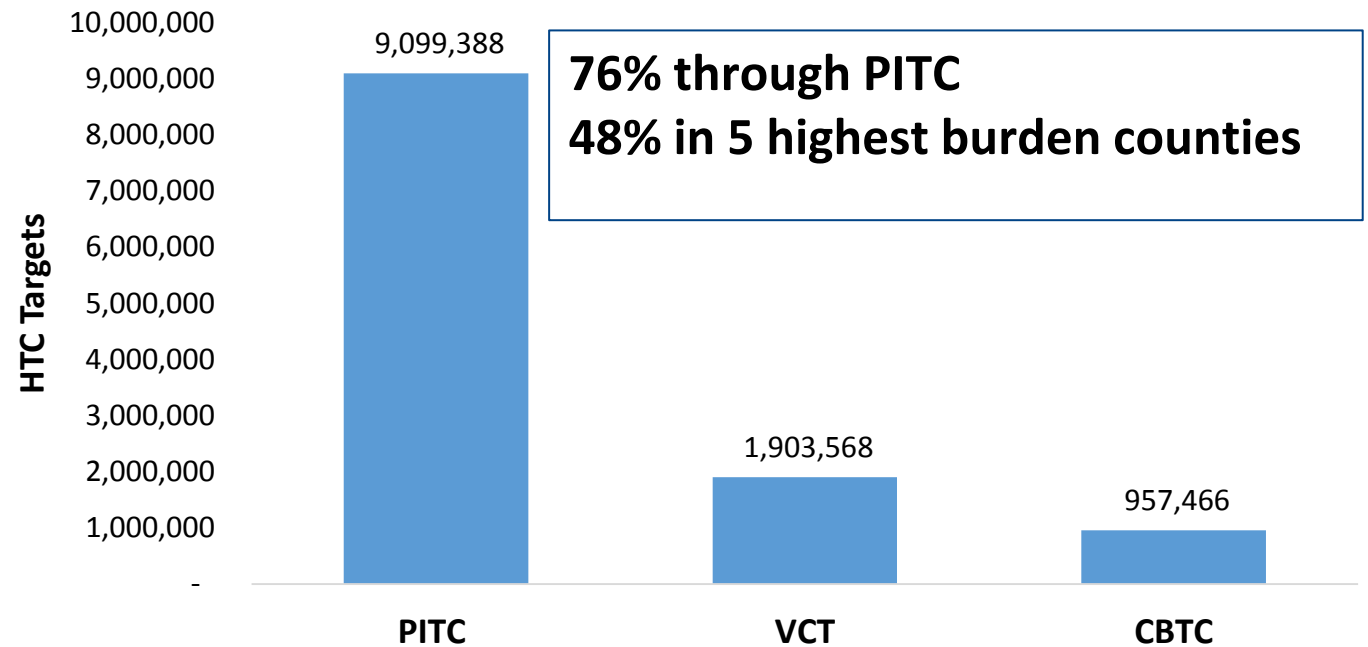
Ambitious targets:

- HTS TST 13.2 Million*
- HTS POS: 286,000



Boundaries are not necessarily authoritative
Source of base shape file: <http://www.ilri.org>

*Includes 1.285M HTS in PMTCT



- **Targets pivoted by**
 - Testing modality
 - Populations- sex and age-band
- **Funding allocation:**
 - \$49,752,076
- **Other Stakeholders:** GOK and GF (RTKs)

Targeting to Optimize HTS Yield for All Populations

- Optimize **facility-based testing** (ensure 100% eligible clients tested)
- Optimize **family testing**, including targeting all newly identified HIV-positive people
- **Assisted partner notification** services
- **Self testing**
- Additional strategies for **youth and men**
 - Extended clinic hours and creation of friendly spaces
 - Targeted mobile and home-based testing, including demand creation
- Additional strategies for **key & priority populations**
 - Social network referrals through peers model
 - Mobile testing at hot spots
 - Targeted mobile testing for fisherfolk, boda-boda riders

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

Expanding the SEARCH Model

Homabay*, Siaya*, Kisumu, Migori, Nairobi**

- Enumeration of individuals in the community
- Community health multi disease campaigns
- Mobilization in bars, football matches, raffle prizes
- HTS strategies targeting for including fisherfolk, boda-boda riders, market places
- Flexible hours for HTS, services- late evening, weekend
- Flexible locations for HTS
- Leveraging on MOH resources

Community based HTS Targets: 647,949

*Universal testing planned in COP16

**Focus on informal settlements

Other high burden counties

- Flexible hours and locations for HTS
- Multi disease campaigns as feasible
- Strategies targeting men and KP
 - Targeted mobile testing- Football matches, boda-boda stations
 - HBCT focusing on index client testing/APS
- Leveraging on MOH resources

Community based HTS Targets: 309,517

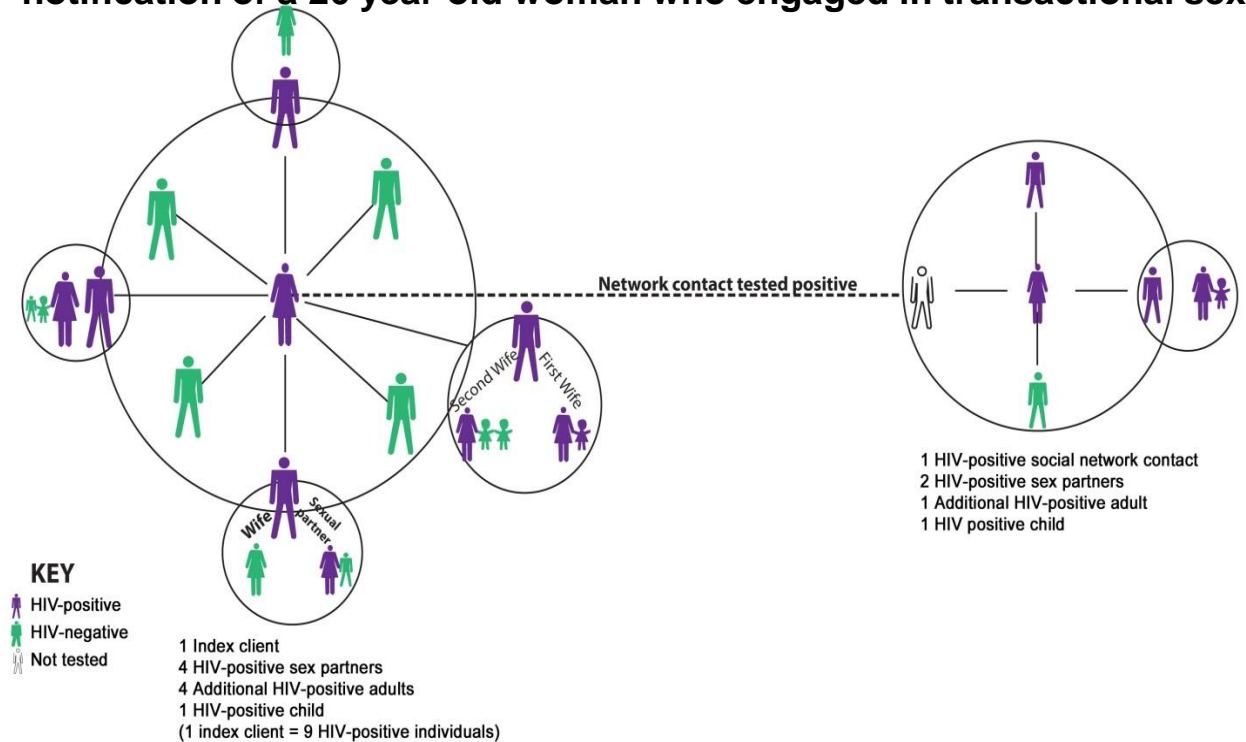
Assisted Partner Notification Services

Case Example: A community-based partner notification programme in Kenya

Partner notification results

	Male	Female	Children	Total
HIV-positive clients	74	131	0	205
Partners/family identified	194	150	236	580
Partners/family tested for HIV	113	92	126	331
Partners/family HIV+	48 (42%)	56 (61%)	12 (10%)	116 (35%)

The diagram below illustrates an example of assisted partner notification of a 26 year old woman who engaged in transactional sex.



Progress with Community-based Testing: 5 High HIV Burden Counties*

	Baseline Q2 17	Planned Scale- up Q3 17	Planned Scale-up Q4 2017
Community Mapping	17%	30%	45%
Community Testing	16%	30%	45%
Multi -disease campaign	10%	30%	75%

Total wards: 230

** Please note that all PEPFAR FY 2017 Q2 program results and achievements in presentation are based on preliminary reporting and may differ from final submission results. Final results can be accessed via PEPFAR Dashboard at <http://data.pepfar.net>.*

Progress With Index Client Testing: 5 High HIV Burden Counties*

	Proportion of Sites Achieving Light/Dark Green SIMS Scores		
	Baseline Q2 17	Planned Scale-up Q3 17	Planned Scale-up Q4 2017
Partner testing	84%	90%	95%
Family testing	70%	80%	90%

** Please note that all PEPFAR FY 2017 Q2 program results and achievements in presentation are based on preliminary reporting and may differ from final submission results. Final results can be accessed via PEPFAR Dashboard at <http://data.pepfar.net>.*

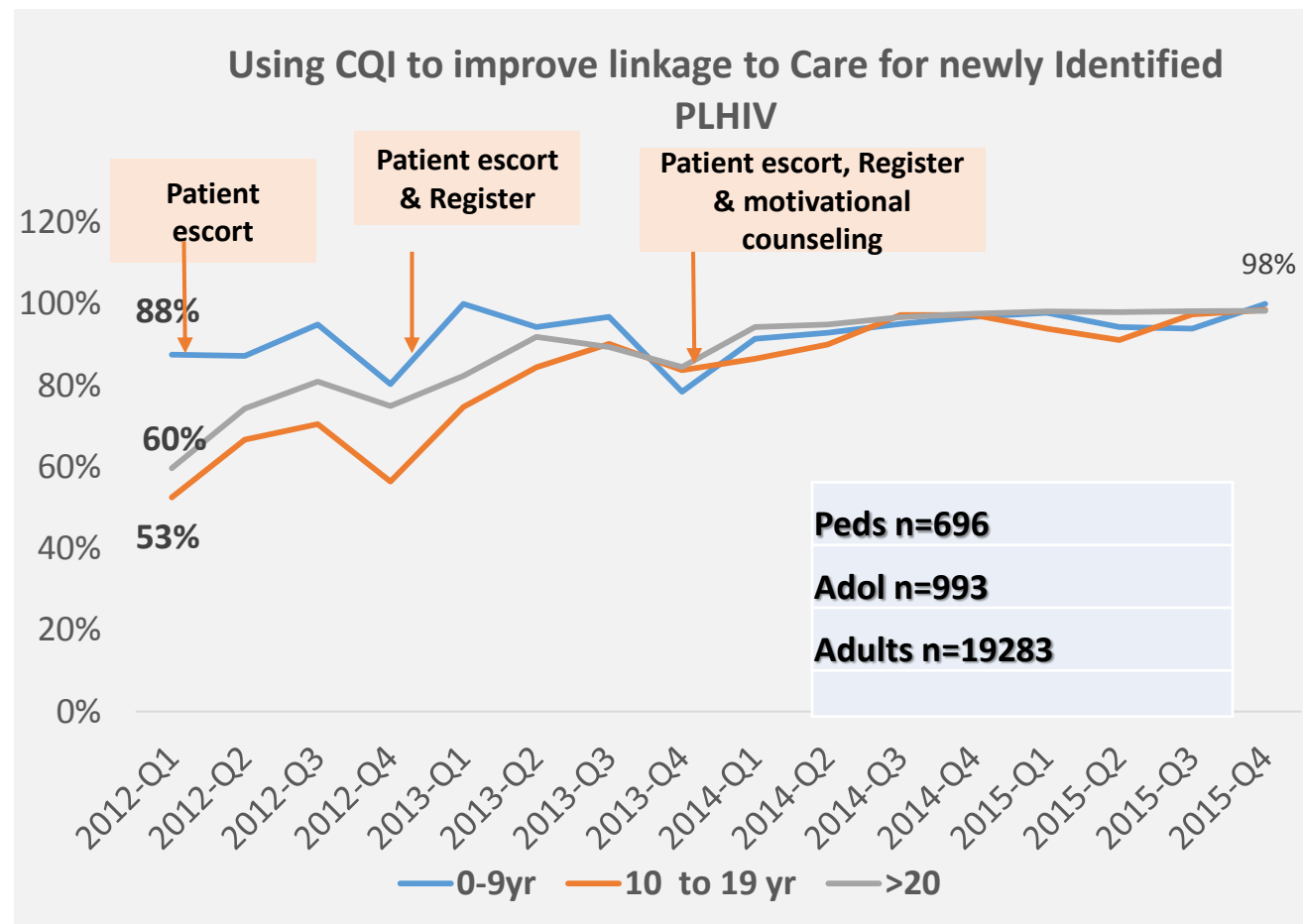
Progress with Interventions Targeting Men and Youth*

	Baseline Q2 17	Planned Scale-up Q3 17	Planned Scale-up Q4 2017
Facility testing n=827			
After Hours	15%	30%	50%
Weekend	19%	35%	50%
24 hours	16%	30%	50%
Assisted Partner notification	9%	20%	50%
Community (wards) n= 230			
Male FGDS	1%	10%	25%
Targeted out reaches (men 24-34 year)	68%	80%	95%

* Please note that all PEPFAR FY 2017 Q2 program results and achievements in presentation are based on preliminary reporting and may differ from final submission results. Final results can be accessed via PEPFAR Dashboard at <http://data.pepfar.net>.

Improving Linkage to Treatment

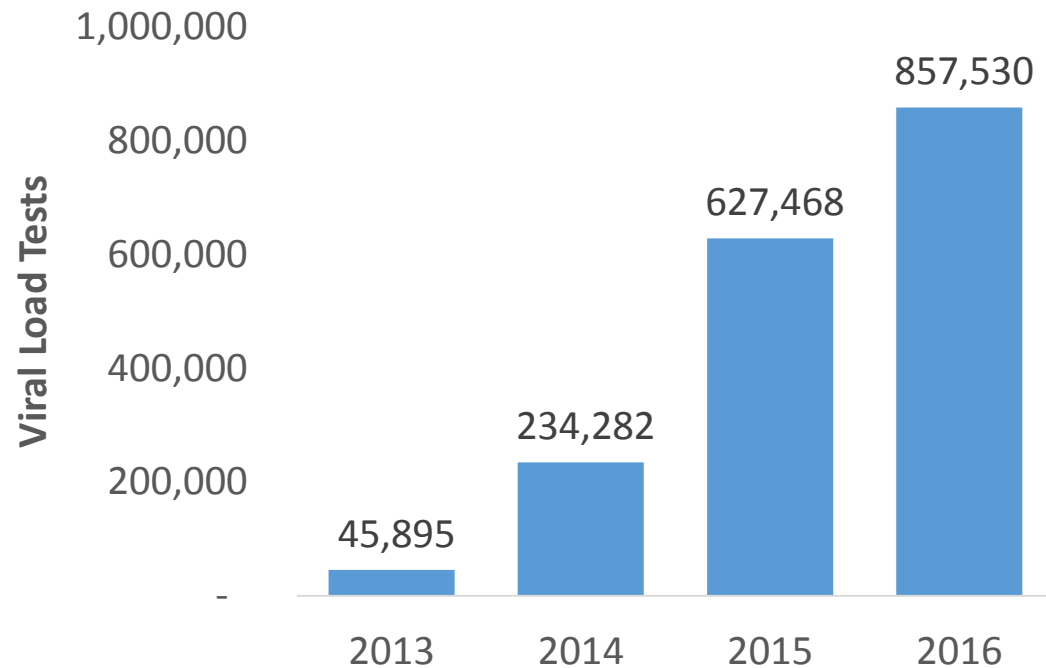
- HRH Investment: post test counselling/peer support/patient escort (linkage officers)
- Tracking mechanisms: locator forms, phone reminders, home visits
- Implementation of linkage registers
- Management of mother baby pairs and family approach
- Coordinated referral (directory of facilities)
- **Same day (or early) enrollment into ART**
- **Accountability: All partners required to *track* identified HIV+**



Source: EDARP, CQI 2012-2015

Reaching the Third 90: Viral Load Scale up

Viral Load Scale up 2013-2016

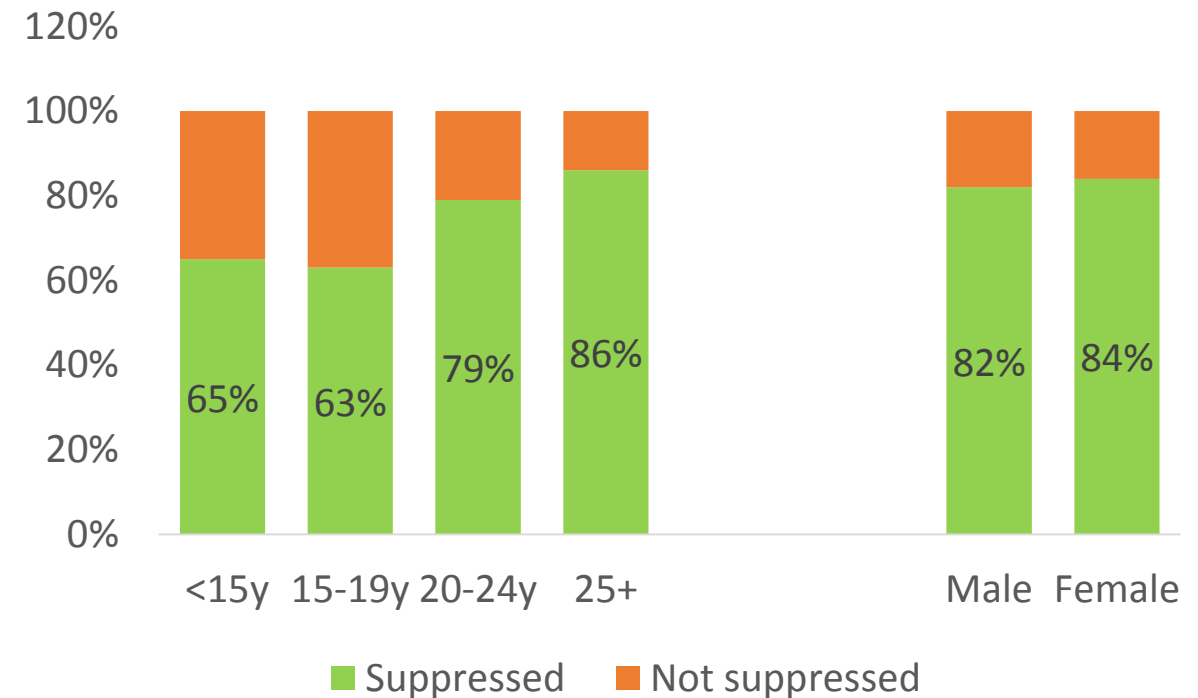


FY16 VL Testing uptake: 86%

COP17 VL coverage target: 100%

Country Capacity: 2 million VL tests per year

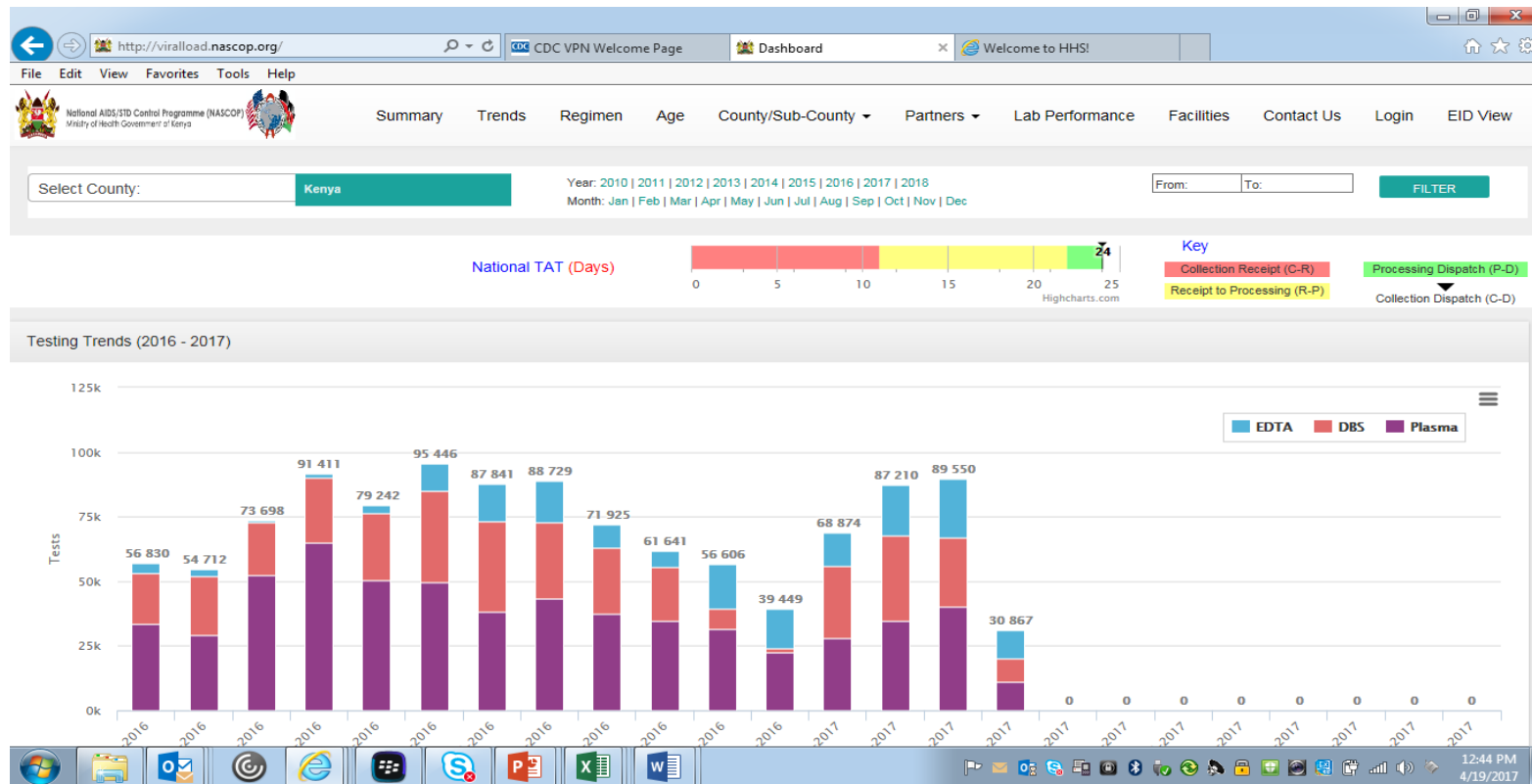
Viral Suppression by Age-band and Sex



A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

Strategies to Improve Results Delivery and Utilization

VL Dashboard



SMS Transmission of Results

Facility: Lumumba Health Centre[13738]
CCC #: 07197KLM-8
Batch #: 19032
Date Drawn: 05-Apr-2016
Date Tested: 08-Apr-2016
VL Result: < LDL copies/ml
Approved by : Supervisor
AMPATH Care Lab, Eldoret

16:15

Facility: Lumumba Health Centre[13738]
CCC #: 14432KLM-9
Batch #: 48064
Date Drawn: 03-Apr-2017
Date Tested: 04-Apr-2017
VL Result: < LDL copies/ml
Approved by : Supervisor
AMPATH Care Lab, Eldoret

16:15

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

Adolescent Initiatives to Enhance Viral Suppression

Operation Triple Zero (OTZ): Asset-based approach for adolescent to take lead in generating solutions to achieve viral suppression



#iamahero

Zero missed appointments

Zero missed pills

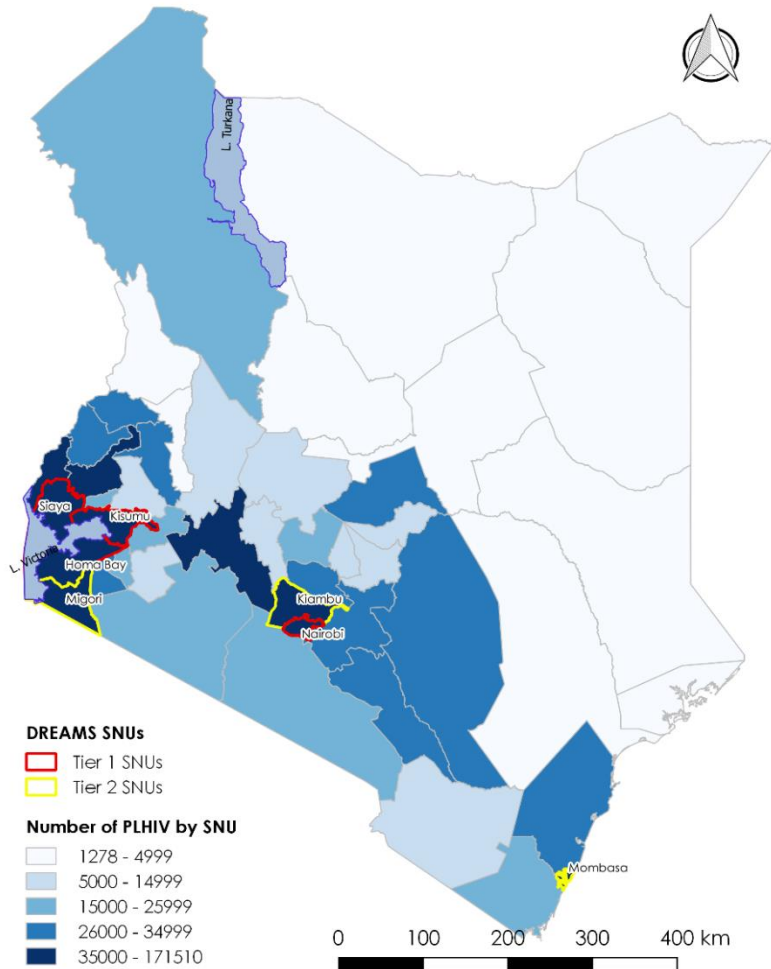
Zero viral load



After 12 months, compared to standard of care

- Retention improved from 78% to 98%
- Viral suppression improved from 62% to 75%

DREAMS Initiative: COP 2017 Prioritization

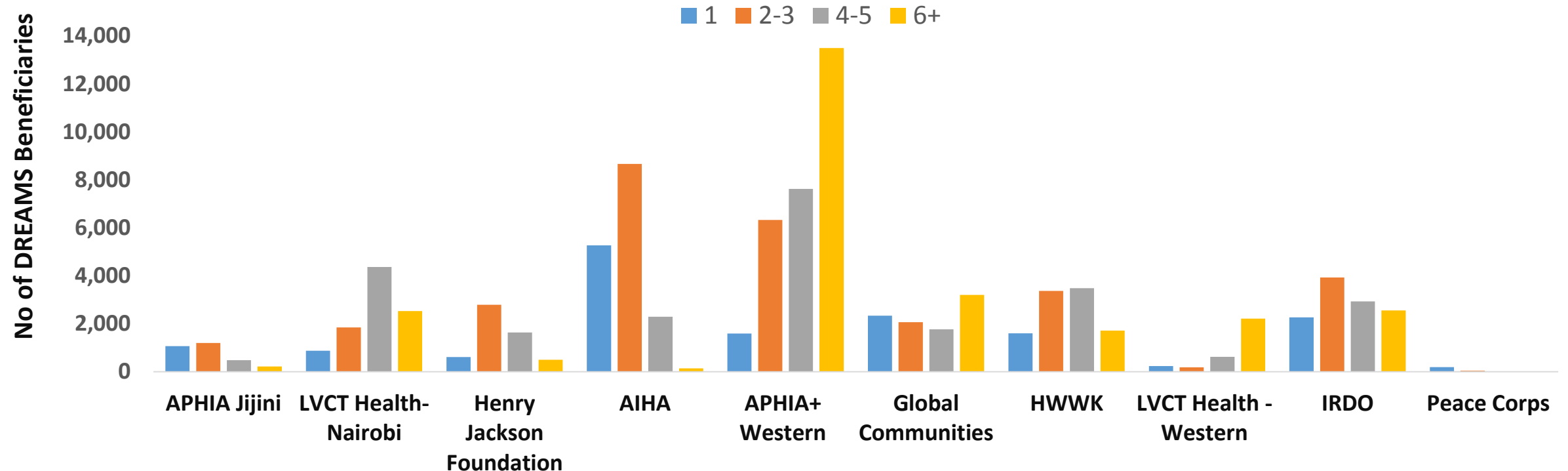


Target: 252,000

- Scale up to achieve set targets within the 4 DREAMS counties
- Ensure existing DREAMS beneficiaries are receiving comprehensive layered package of interventions
- Add females 10-17 enrolled in OVC in DREAMS areas but NOT currently receiving DREAMS comprehensive programming
- Add females 10-24 from additional wards within current DREAMS counties
- Phased introduction to new counties prioritizing Migori, Mombasa and Kiambu
- Coordinate with other Programs: HTS, ART, PMTCT, VMMC

DREAMS Initiative: Review of Current Performance to Inform COP 2017 Prioritization

Layering of DREAMS Services by IP, Jan 2017

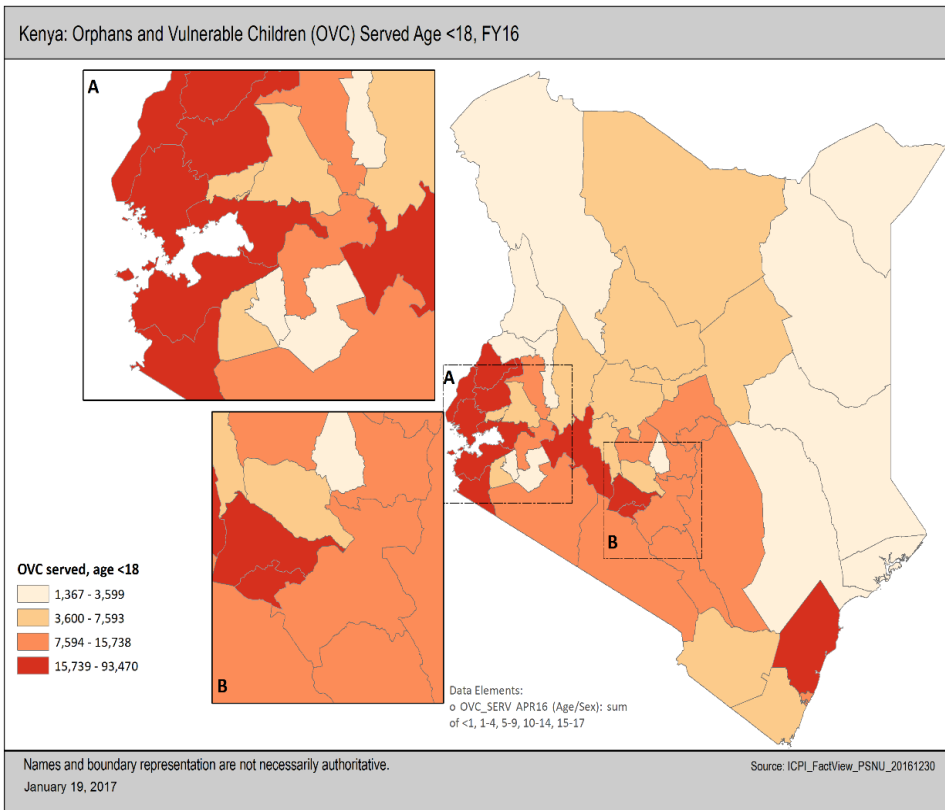


- **98,158 AGYW have received services**
- **84% of enrolled girls have received more than one intervention**
- *Data verification ongoing this quarter for additional 30,250 in the girl roster regarding receipt of services*

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

OVC: Alignment With the Pivot and Leverage With Other Programs

- **Geographic alignment** -highest HIV burden counties
 - 87.6% of targets in COP17 are in scale up counties
- Focus on **core interventions**
- Linkage with **DREAMS** and **ACT**
- **HIV risk avoidance**
 - Education support
 - Social assets building and social protection services
- Continue Transition discussion with central support counties



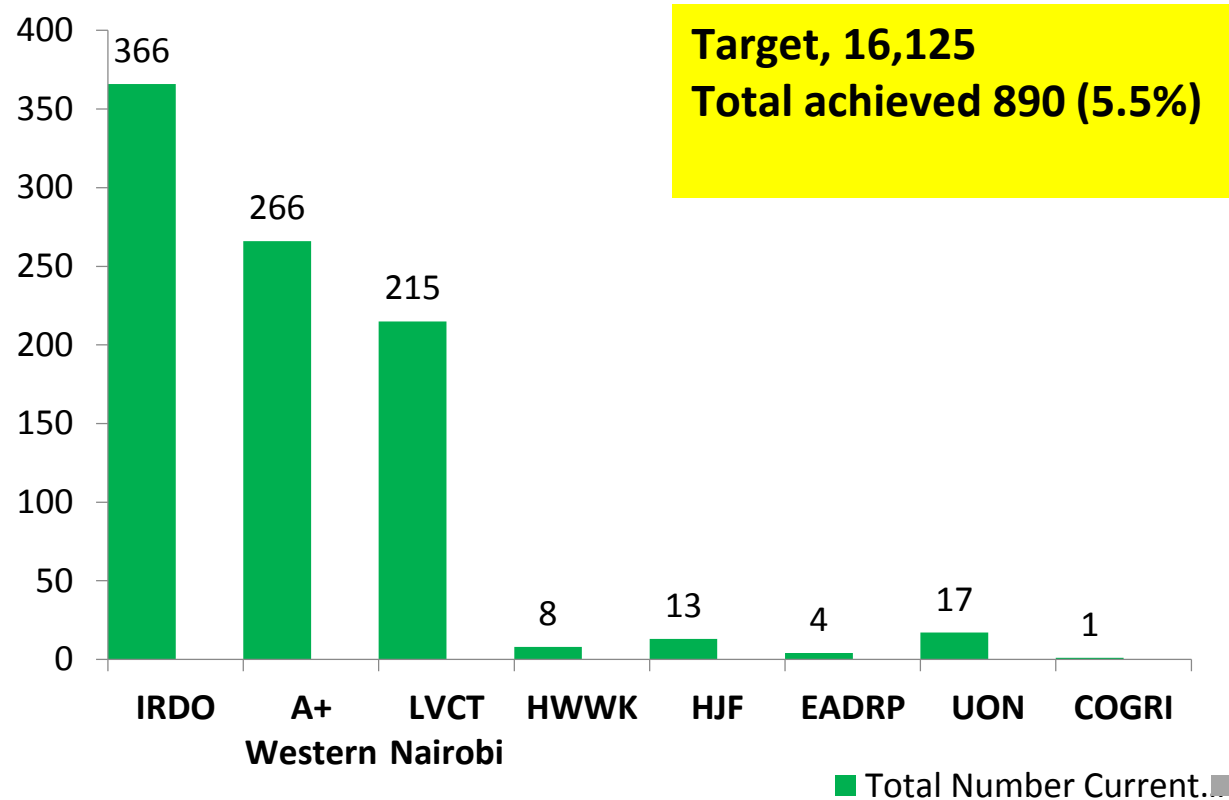
Target: 823,000

OVC – GBV Prevention & Response

LEVEL	ACTIVITIES
Community	<p>Community mobilization:</p> <ul style="list-style-type: none">• Increasing awareness of existing social protection laws• Changing community norms to address HIV and violence prevention
Family (OVC and family members)	<p>Schools:</p> <ul style="list-style-type: none">• Education on GBV (life skills programs e.g. Girl Groups)• Increase awareness of existing social protection laws• Identification of GBV cases, referrals for post-violence clinical care and community support services <p>Families:</p> <ul style="list-style-type: none">• Increase awareness of existing social protection laws• Identification of GBV cases, referrals for post-violence clinical care and community support services• Women's economic empowerment through savings groups (incorporate GBV and HIV prevention education)

PrEP: FY17 Achievements and COP17 Approach*

PrEP Achievements: Jan – March 2017



Efforts to increase Uptake in FY17

- National PrEP launch: May 4, 2017
- National PrEP campaign (ongoing)
- Innovative service delivery approaches

COP 2017 Prioritization

- Close gap in COP16 target of 16,000
- Additional 5,000

Coordination with other stakeholders

GOK, GF and BMGF Bridge to scale

** Please note that all PEPFAR FY 2017 Q2 program results and achievements in presentation are based on preliminary reporting and may differ from final submission results. Final results can be accessed via PEPFAR Dashboard at <http://data.pepfar.net>.*

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

VMMC: Target for Impact and Sustainability

Ambitious targets

- Provide VMMC to 300,000 individuals

Geographic Prioritization

- Implement VMMC in 11 counties (9 Scale up and 2 sustained)

Age prioritization

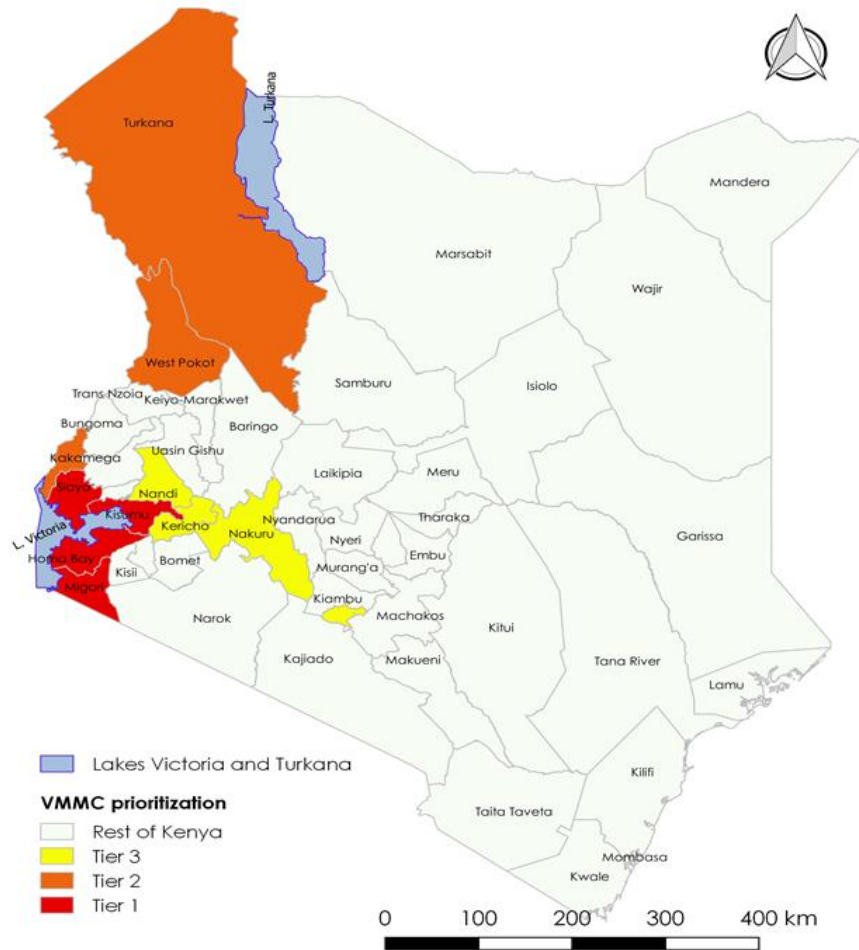
- Implement strategies to increase uptake by 25-29yrs

Sustainability focus

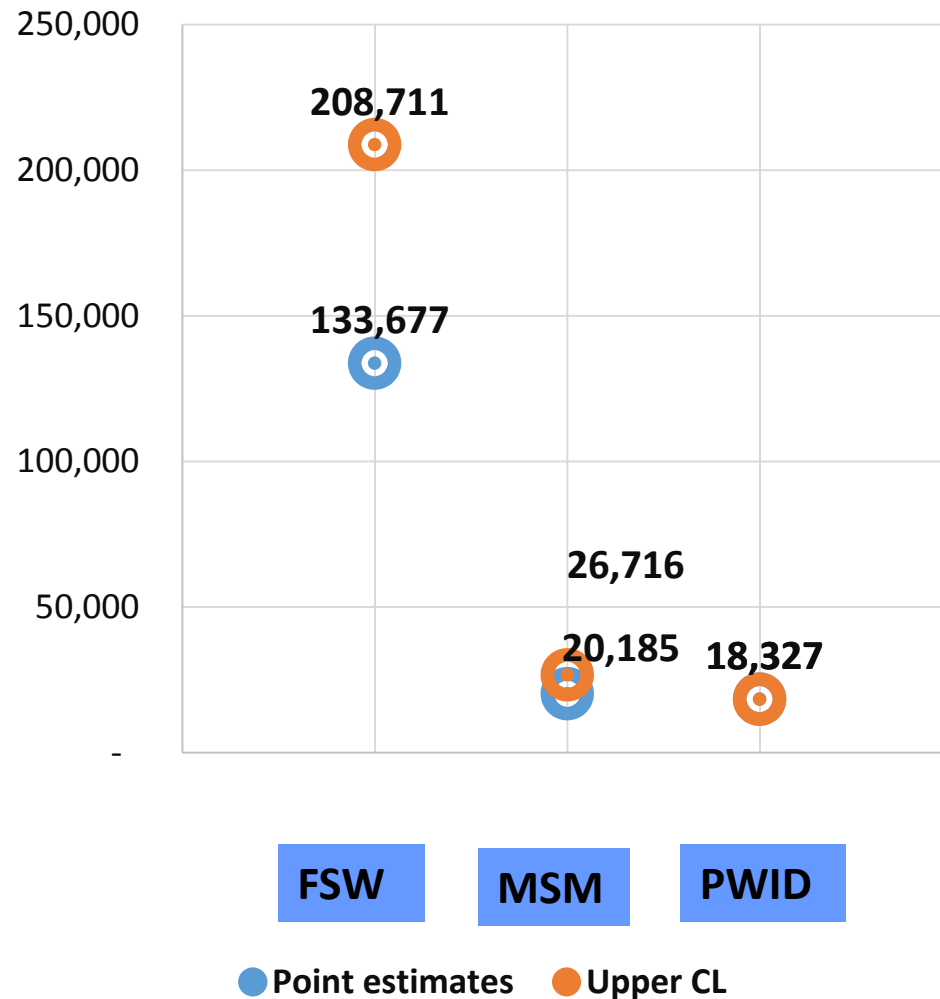
- In consultation with MOH, support phased scale up of EIMC

Validate VMMC need by county and age-band

- To validate VMMC coverage and guide policy development



Key Populations: Size Estimation in COP 2017

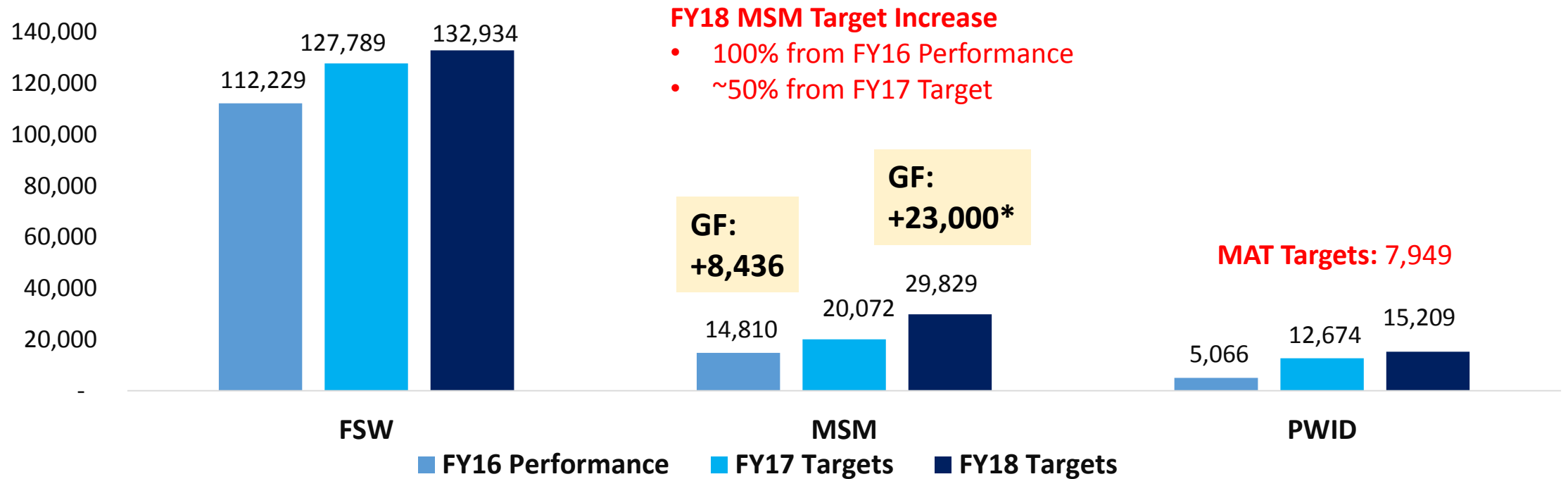


Source: NASCOP Consensus Report

- Current KP size estimates are based on the 2013 NASCOP Consensus Report
- IBBS- Ongoing discussions in light of issues raised regarding biometrics
- **COP 2017 priority: Support GOK, KP community and other stakeholders in Size estimation for KP**
 - GOK-led; CSO engaged; nationally representative
 - Leverage on existing KP networks and NASCOP TSU
 - 3 stage process- non-protocol driven, protocol driven and consensus

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

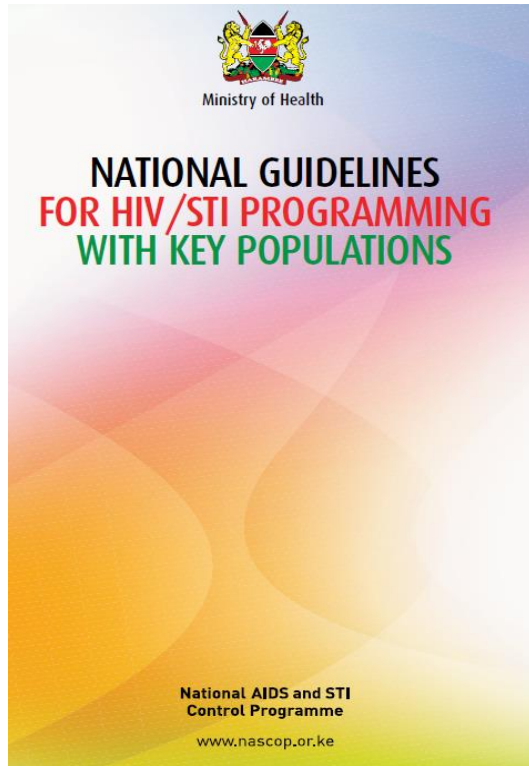
Key Populations: COP 2017 Targets



- Substantial increase in MSM targets. Together with GF, a total of **52,000 MSM** to receive services
- Geographic pivoting: Scale up counties account for 99% FSW; 100% MSM; 97% PWID
- Focus on comprehensive package of services and adoption of cascade monitoring approach

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

Key Populations- Comprehensive package of services



Peer Outreach Services

- Identification and recruitment
- Peer education, risk reduction counseling and support
- Psychosocial support, home visits, retention/adherence
- Commodities distribution- lubricant, condoms
- GBV prevention and response

Biomedical Services

- STI screening and treatment
- HIV testing- clients and their sex partners, including self testing
- Assisted partner notification services
- Enrollment in HIV care/ART and broader clinical care
- Condoms, lubricants provision
- PrEP and PEP
- GBV prevention and response
- Harm reduction and MAT for PWID

Summary of Table 6

Gaps		Budget
6.1: Programmatic gaps	1. Weak supply chain commodity and logistic management 2. Limited county human resource management capacity 3. Low access to viral load results and low suppression rates	\$13,399,127
6.2: Policy gaps	1. Test and start 2. New and efficient service delivery models	\$4,995,696
6.3: Other systems investments	1. Laboratory services 2. Strategic information 3. Institutional and organization development 4. Prevention 5. Treatment + TB 6. OVC	\$49,461,792
Total	(12.2% of total budget)	\$67,856,615

*Pre-DCMM: \$104M; Over \$36M moved to target based

Commodities

Product	COP16 Investment	COP17 Investment
First Line ARV	92,000,000 (1 st and 2 nd line)	69,779,966
Second Line ARV		8,521,520
Rapid Test Kits	9,395,477	10,969,002
Viral Load	21,633,056	21,714,464
EID	1, 688,148	1,355,930
TB		1,647,400
Self Test Kits	0	1,764,000
OI Medicines	12,709,102	11,648,843

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT



PLEASE NOTE

All PEPFAR FY 2017 Q2 program results and achievements included within this presentation were based upon preliminary reporting and may differ from the final submission results. Final FY 2017 Q2 results, as well as past and future quarterly and annual PEPFAR program results, can be accessed on the PEPFAR Dashboard at <http://data.pepfar.net>.



Thank You

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT